



2022 Strategic Action Plan on Aging and Final Report

October 2022



Strategic Action
Planning Group on Aging

Contents

- Chapter 1:** Strategic Action Planning Group on Aging Members 3
- Chapter 2:** Background and General Information 6
- Chapter 3:** Older Coloradans and the COVID-19 Response..... 10
- Chapter 4:** Disparities Task Force Recommendations 18
- Chapter 5:** Long-Term Care and Caregiving26
- Chapter 6:** Older Adults in the Workplace.....28
- Chapter 7:** Modernization of the Older Coloradans Act 34
- Chapter 8:** SAPGA Master Plan on Aging 38
- Chapter 9:** Next Steps on the Path Forward42
- Appendix A:** Strategic Action Planning Group on Aging Recommendations
from 2016-2022 by Topic 44
- Appendix B:** General Summary of Comments from the World Café Sessions
at the June 16th, 2022 Future of Aging in Colorado Conference 118
- Appendix C:** HB15-1033 – Colorado Comprehensive Strategic Action Plan on Aging Act..... 122
- Appendix D:** HB22-1035 – Modernization of the Older Coloradans Act 142
- Appendix E:** Master Plan on Aging Equity Tool 164





Strategic Action Planning Group on Aging Members

Jane Barnes of Lakewood

Executive Director, Benefits in Action and Chair,
Colorado Commission on Aging

*To serve as the designee of the Colorado
Commission on Aging*

Steve Child of Snowmass

Pitkin County Commissioner

To serve as a county commissioner

Diana Conner Reed of Grand Junction

Owner, MLS Senior Care

To serve as a consumer

David Corder-Green of Lafayette

Project Manager, Community Reach Center

*To serve as a representative with extensive knowledge
of state and local fiscal and budgets*

Claire Cruse of Wheat Ridge

Chief of Staff, Deloitte Center for Health Solutions

*To serve as a representative of private, public, and
community-based health care and long-term care,
service, or support provider for older adults*

Sarah Elliott of Aurora

Transitions Care Coordinator, Vivage Senior Living

*To serve as a representative of private, public, and
community-based health care and long-term care,
service, or support provider for older adults*

John Emerson of Denver (Executive Committee Member)

General Manager, Flying Cloud Health

To serve as a representative of the business community

Hayley Gleason, PhD, MSW of Denver (Executive Committee Member)

Director, Strategic Outcomes Division, Office of Community Living, Colorado Department of Health Care Policy and Financing

To serve as the designee of the Executive Director of the Department of Health Care Policy and Financing or the Director's Designee

Kara Harvey of Greeley

Director, Division of Aging and Adult Services

To serve as the designee of the Executive Director of the Colorado Department of Human Services

Christian Itin, MSW, PhD of Centennial (Vice Chair and Executive Committee member)

Professor, Department of Social Work, Metropolitan State University of Denver

To serve as a representative of an institution of higher education in a field related to older adult populations

Andrea Kuwik of Lakewood

Senior Policy Analyst, The Bell Policy Center

To serve as a representative with extensive knowledge of, or experience with state and local budgets and fiscal policy, or who is a representative from nonprofit organizations that have experience with fiscal and statewide policy issues

Ed Leary of Denver (Chair and Executive Committee Member)

MD

To serve as a consumer

Gail Meehan of Trinidad

Principal, AgeWise Advisors, LLC International

To serve as a representative of public and community-based health care

Muriel Jean Nofles of Aurora

State President, AARP Colorado

To serve as a consumer

David Norman of Grand Junction

Former Director, Area Agency on Aging, Northwest Colorado

To serve as a representative with extensive knowledge of, or experience with state and local budgets and fiscal policy, or who is a representative from nonprofit organizations that have experience with fiscal and statewide policy issues

Kelly Osthoff of Greeley

Senior Director of Programs, Alzheimer's Association Colorado

To serve as a representative with extensive knowledge and expertise in long-term care, services and support who is not a provider of such services

Jayla Sanchez-Warren of Denver

Director, Area Agency on Aging

To serve as a representative with extensive knowledge and expertise in long-term care, services, and support and who is not a provider of such services

Karin Stewart of Lone Tree (Executive Committee Member)

Aging and Adult Services Program Manager, Jefferson County

To serve as a representative of private, public, and community-based health care and long-term care, service, or support provider for older adults

Anthony Tapia of Denver

Program Consultant, Colorado Latino Age Wave, Latino Community Foundation of Colorado

To serve as a representative of nonprofit organizations representing or advocating for older adult populations

Tara Trujillo of Denver

Diabetes, Cardiovascular Health and Alzheimer's Disease and Related Dementias Unit Supervisor at Colorado Department of Public Health and Environment

To serve as the designee for the Executive Director of the Department of Public Health and Environment

Aisha Young of Fountain

President and CEO, African Americans in Gerontology

To serve as a representative of nonprofit organizations representing or advocating for older adult populations

John Zabawa of Evergreen

Former President and CEO, Seniors' Resource Center

To serve as a representative of private, public, and community-based health care and long-term care, service, or support provider for older adults

Former Planning Group Members

Kylie Agnew	Sharron Williams
Rob Andresen-Tenace	Claire Anderson
Wade Buchanan	Greg Coopman
Karen Brown	Donna Baros
Jim Collins	Dale Elliott, Sr.
Coral Cosway	Susan Franklin
Doug Farmer	Steve Grund
Mindy Gates	Josh Laipply
Kathleen Hall	Maureen McDonald
Gabriel Kaplan	Ben Moultrie
Chris Lee	Jennifer Schaufele
Linda Mitchell	Sallie Thoreson
Jim Riesberg	Natalie O'Donnell Wood
Sophie Shulman	

SAPGA Administrative Team, 2021-2022

Karen Brown – iAging
Amber Minogue – Allied Agenda
Andrea Wilkens – Allied Agenda

Special Thanks to the Denver Regional Council of Governments (DRCOG) for its support of SAPGA from its inception. DRCOG provided the production and design of all SAPGA's plans including the 2016, 2018, 2019, 2020 and 2022 Plans. They also supported SAPGA in its outreach efforts, provided venues for hosting in-person meetings for seven years, and supported legislative requests to continue to fund SAPGA until it sunsetted.



Background and General Information

The Strategic Action Planning Group on Aging (SAPGA or the Planning Group) was created pursuant to HB15-1033 as a multi-disciplinary, private and public sector stakeholder's group charged with providing the governor and Colorado General Assembly with comprehensive data on and specific recommendations regarding public and private options for addressing Colorado's aging demographic shift. Specific areas for study and recommendations include the economy, workforce and business and market-based products and services to support older adults; state and local budgets and fiscal policies; Medicaid and other safety-net programs; family caregiving, long-term care and support services; the impacts of potential federal entitlement reforms on Colorado; and transportation services and infrastructure.

Since SAPGA's inception the group has examined these issues, in addition to other critical concerns relating to the state's ability to adequately support and address ageism on behalf of our older adult population and ensure that our state is age friendly. In addition to the broad, multidisciplinary policy scope undertaken by SAPGA, the Planning Group also began, starting in January 2021 and continuing through to its sunset, examining disparities among the older adult population as they relate to race, ethnicity, gender and geographic region. The goal of this ongoing effort is to formally recognize the need for equity in aging in Colorado and ensure that the state's aging plan accounts for historical and systemic discrimination that uniquely challenge older adults who identify as female, belong to a racial or ethnic minority, or live in rural Colorado. Moreover, the COVID-19 pandemic has exacerbated many pre-existing inequities and SAPGA has provided forums for discussing strategies to address these inequities through monthly meetings, the 2021 COVID

subcommittee, and the work of the Legislative Caucus on Aging (LCOA).

SAPGA has elevated awareness of the needs and priorities of older adults and has had several accomplishments toward fulfilling its role in supporting the state in its development of a master plan on aging.

Key SAPGA accomplishments include:

SAPGA Reports and Recommendations

SAPGA has produced written reports to include policy analysis and accompanying policy recommendations to inform the state aging plan in 2016, 2018, 2019 and 2020. Our 2020 report includes an appendix, beginning on page 50 of the report, that provides a comprehensive review of SAPGA's recommendations from 2016-2020 and the related status of these recommendations, progress toward implementation and strategies for additional action.

Legislative Caucus on Aging

Established in 2018 with bi-partisan chairs, these forums provide an opportunity for aging care providers, advocates and stakeholders to connect with legislators, legislative aides and department officials who have participated in caucus events over the years. These events have included three forums in 2018, two forums in 2020, two forums during the 2021 legislative session and two forums during the 2022 legislative session. In addition, every legislator received a copy of the SAPGA report and recommendations.

Public Input, Engagement in Dialogue and SAPGA Subcommittees:

Since its inception, SAPGA has held monthly planning group meetings which also have had significant public

attendance that were open to the public and encouraged public comment and participation. SAPGA's ability to serve as a conduit for direct public input into Colorado's state aging plan and development of a coordinated system of service delivery is one of its key strengths, with most SAPGA meetings including at least an equal number of public participants as SAPGA members, from a variety of sectors and areas of Colorado. Public input and engagement was expanded statewide when SAPGA converted to virtual meetings following the onset of the COVID-19 pandemic, facilitating more statewide participation and better accommodating the schedules of speakers and presenters. The virtual meetings continued until the sunset of the Planning Group in June 2022.

Regional Meetings

Dating back to 2017 and continuing through to its sunset, SAPGA has consistently provided a forum for connection and dialogue with communities throughout Colorado, engaging in listening sessions that have touched every corner of the state. These forums include five meetings in 2017 (Fort Morgan, Pueblo, Denver, Frisco and Grand Junction) which resulted in a summary report of these community discussions, Conversations on Aging: Coloradan's Identify Gaps, Needs and Hopes for an Aging Population, two meetings in 2019 (Montrose and Craig), three meetings in 2020 (La Junta, Aurora and Sterling), and two meetings during the summer of 2021 (Durango and Cortez and Summit County).

Newsletter Outreach:

SAPGA newsletters have a broad statewide reach making this an important channel for communication and connection between the state, local government officials, private sector, public sector, nonprofit and



individual stakeholders across Colorado. The SAPGA newsletter ended its distribution with a contact list of 1,355 recipients.

Homestead Exemption Event:

In 2018, SAPGA spearheaded, in partnership with the Colorado Senior Lobby and Colorado Gerontological Society, a Special Forum on the Homestead Exemption. More than 250 attendees spent four hours listening and providing feedback on potential changes to this important program that has significant impacts to Colorado's older adult population. A keynote panel included state Senator Domenic Moreno and Senator Bob Rankin from the Joint Budget Committee. This dialogue resulted in the [Homestead Exemption Report](#) from Colorado Legislative Council, in collaboration with Senator Rankin, to provide an updated comparative report of the Homestead Exemption programs in other states.

Public Education/Social Media Campaign/PR:

SAPGA has participated in several social media campaigns (2016 and 2021) focused on creating more awareness of older adults and related challenges, opportunities and more. Media attention helped raise the profile for reports done in the early years of SAPGA's operations including projections on long term care costs to the state and the projected deficit. This particular issue received [front page coverage](#) in the Denver Post.

Unique Reports on Mandated Topics Referenced in the Statute:

In addition to creating the 2016, 2018, 2019, and 2020 SAPGA reports and recommendations, SAPGA has sponsored the development of a number of unique reports that address mandated topics for study and recommendations in the SAPGA enabling legislation, including the following:

- Caregiving Report
- Housing Report
- Supportive Community Report
- Transportation Report
- Finance Report
- Long-Term Services and Supports

Lifelong Colorado:

Lifelong Colorado evolved out of various SAPGA recommendations and under the direction of two different administrations, indicating the level of interest in making Colorado age-friendly for everyone along the lifecourse – from the youngest to the very oldest. In 2019 and 2020, SAPGA partnered with the Senior Policy Advisor on Aging, AARP and the NextFifty Initiative to integrate the message of “age-friendly” in every regional meeting held. SAPGA worked to educate legislators, policymakers and the public about why such a shift is critical for all generations alive today and every generation to come. We applaud the current administration for recognizing that:

Current and future generations of older Coloradans will provide economic, social and civic value to our communities for decades to come. We have an opportunity to harness this value through the Lifelong Colorado initiative and embrace the idea that a Colorado well-adapted for aging is one where all individuals can thrive – a Colorado for all.

Sunset Recommendation & Next Steps

Pursuant to Colorado law, SAPGA underwent a sunset review in the Fall of 2021, conducted by the Colorado Department of Regulatory Agencies, to determine if the Planning Group had fulfilled its statutory mandate and,

as a result, should sunset as of June 30, 2022. The sunset review found that, since its inception in 2015, the Planning Group has studied and made more than 50 recommendations designed to inform the state’s aging plan through 2030, completing its legislative charge and resulting in a sunset recommendation. The sunset report issued on October 15, 2021 noted that aging issues in Colorado continue to evolve and the time has come to operationalize the Planning Group’s recommendations, with the work being implemented by a permanent state body—namely the Colorado Commission on Aging, as reformed and modernized under HB22-1035 – Modernization of the Older Coloradans Act.

HB22-1035 was passed by the General Assembly during the 2022 legislative session and signed into law by Governor Polis on March 24, 2022. SAPGA concluded its work in June 2022 with a statewide aging conference conducted in partnership with the current CCOA board and with participation from aging policy stakeholders and advocates for older adults throughout Colorado. Discussion and actions arising from this event are included in this report and are intended to further guide the work of the new CCOA as it begins operations on September 1, 2022. SAPGA looks forward to the path ahead and the next phase of this work as the new CCOA works to build on the SAPGA plan and continue to ensure that Colorado progresses in its development as an age-friendly state in which people of all ages can thrive.



Older Coloradans and the COVID-19 Response

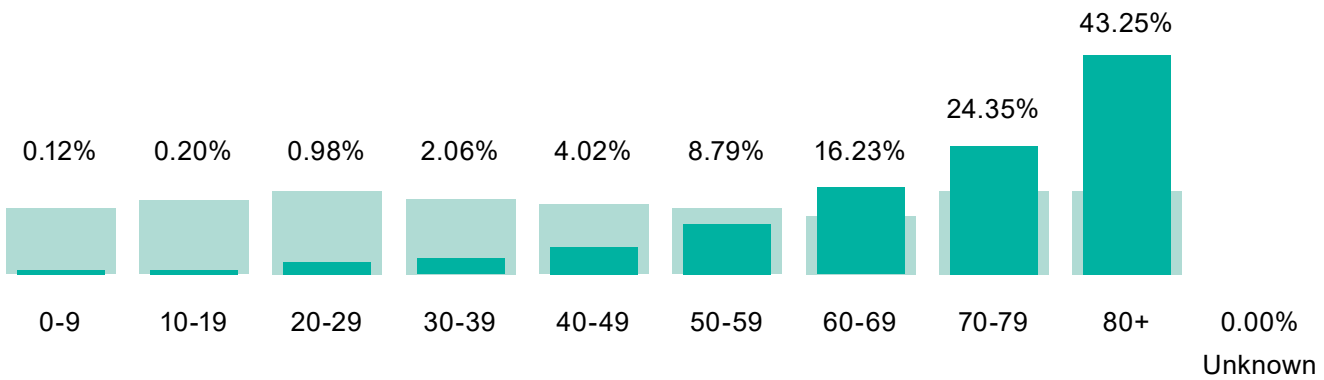
The COVID-19 pandemic has had disproportionate negative impacts on older adults, the extent of which continues to emerge. Older adults of color generally experienced even greater negative impacts associated with COVID-19 and the related economic crisis. Colorado's economic downturn illustrates that public health is an essential component of economic stability and that inadequate public health investments lead to worse economic outcomes in times of crisis.

COVID-19 Impacts on Older Americans

Impacts to older adults have been wide-ranging and include the following:

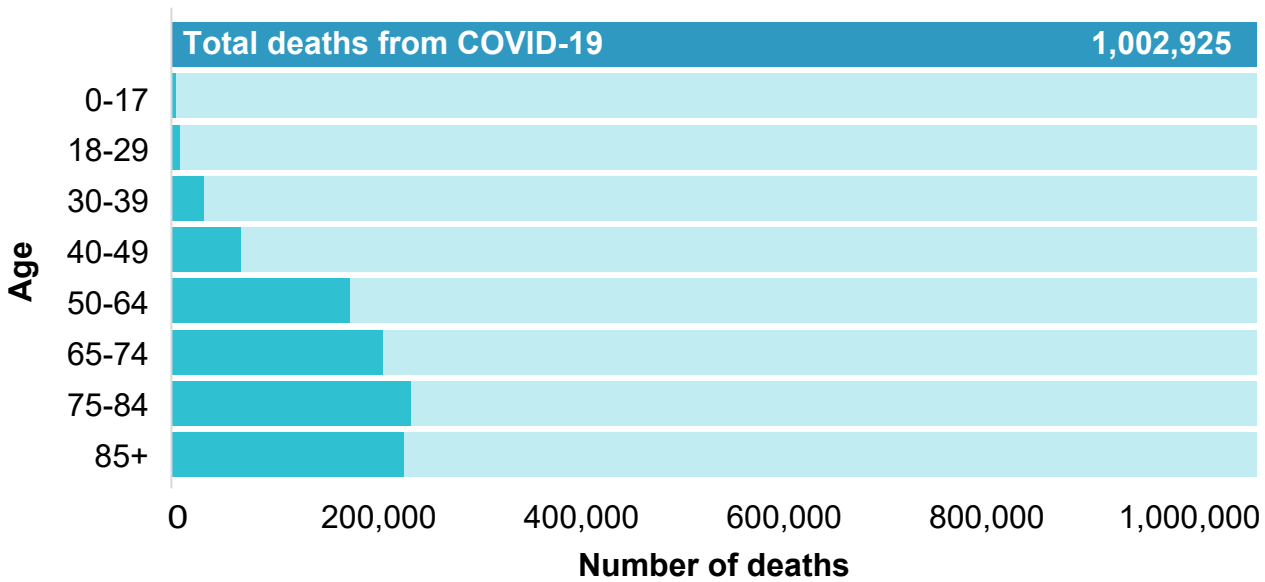
- worse health outcomes and higher rates of death from COVID-19 (in Colorado and in the U.S. more broadly and related complications);
- inability to access medical care for routine or chronic health or mental health conditions;
- worse economic outcomes resulting from disproportionately higher rate of job loss and the inability to safely remain in the workforce;
- being forced into early retirement; and
- severe social isolation due to an inability to safely access public transportation and lack of access to family, friends and social and/or volunteer activities throughout the pandemic.

Figure 1. Percent of Deaths Among COVID-19 Cases in Colorado by Age



Source: [Colorado Department of Public Health & Environment](#)

Number of COVID-19 Deaths in the U.S., January 2020 - May 25, 2022, by age



Source: <https://www.statista.com/statistics/1191568/reported-deaths-from-covid-by-age-us/>

While the body of research examining the full scope of COVID-19 impacts on older adults is still developing, some broad findings do exist. For example, findings from the 2021 International Health Policy [Survey of Older Adults](#) conducted by the Commonwealth Fund illustrates how older adults 65+ in the U.S. have experienced worse outcomes compared to other age groups and to older adults in other high-income countries. The report, released in September 2021, discusses survey responses of 18,000 older adults from 12 high-income countries, conducted between March and June 2021. It notes that, while older age is a risk factor for becoming seriously ill with COVID-19, the impact on older adults goes beyond risk for serious infection. Older adults in the U.S. have experienced worse economic outcomes than their counterparts in other countries, with more losing a job or exhausting all or most of their savings. Latino/Hispanic and Black older adults in the U.S. have been far more likely than their white counterparts to experience significant negative impacts. Further, among the 68% of older Americans surveyed with chronic health conditions, individuals in the U.S. were among the most likely to have appointments canceled because of the pandemic (37%). Despite this reality, the U.S. has a higher percentage of older adults (10%) who are not planning to get vaccinated. Reasons older Americans surveyed commonly gave for their refusal to get vaccinated include lack of trust in the government (24%) and concerns about side effects (22%). The report identifies several actions needed to begin combating the negative COVID-19-related impacts experienced by older Americans and prepare for future public health crisis, including:

- Reduce barriers to healthcare access, especially for those with chronic conditions.
- Address the racial and ethnic inequities that the

pandemic has exacerbated.

- Expand telemedicine.
- Develop targeted messaging campaigns to increase vaccination. Campaigns should address distrust of government and combat false information about vaccine safety and side effects.
- Improve economic security of older adults.

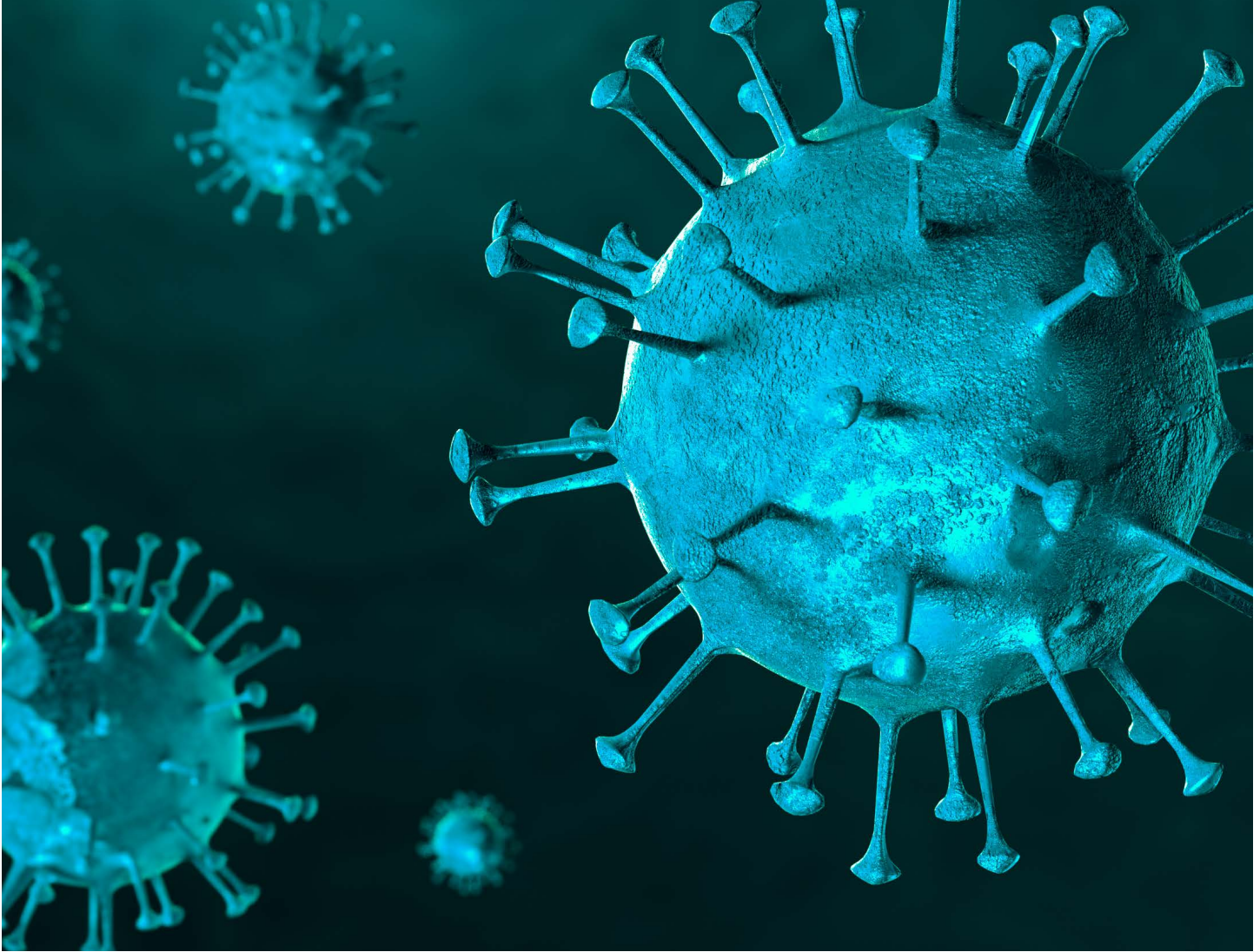
SAPGA Recommendations:

Steps must be taken to ensure that government and our public institutions are better equipped to respond to a future public health emergency and effectively meet the needs of older adults. The health and wellbeing of older adults deserves additional attention during the state's recovery efforts, and funding needs to be channeled toward mitigating the disproportionate impacts on older Coloradans and addressing the inadequacies in our service delivery system that were exposed by the pandemic.

To that end and building upon past recommendations in the 2020 SAPGA report, SAPGA makes the following recommendations to guide the state's response to the COVID-19 pandemic and recovery efforts in a manner that addresses the specific needs and protects the health and well-being of older Coloradans.

Public Health Systems - Impacts & Considerations

- SAPGA recommends that the state conduct an in-depth analysis to examine the ways that older adults were impacted by the COVID-19 pandemic so that our public health system and emergency response can be improved to meet current needs and ensure that we are prepared for future emergencies. Housed within CDPHE and in coordination with the State Emergency



Operations Center, this analysis should include comprehensive data collection specific to older adults and a rigorous retrospective assessment of the government and public systems response by a blue-ribbon panel.

- SAPGA recommends the state ensure universal access for the use of technology-based services (including telemedicine) available to older adults and practitioners through increased access to affordable broadband and access to devices and data plans. This includes investments in last-mile connectivity for older Coloradans, adult day/senior centers, and long-term care facilities. Last mile connectivity includes:
 - Physical cable and/or wifi/5G infrastructure;
 - Technology purchases including laptops, tablets, and smartphones;
 - Support for data plans for low-income populations, many of whom only have a landline or flip phone; and
 - Training, coaching, and other supports to ensure that older Coloradans can access and utilize technology including telehealth, virtual communications, and platforms to address social isolation and mental health.
- The state should adhere to current CDC and FDA guidelines related to COVID protocols, including, but not limited to, vaccination, masking, and social distancing. Particular attention should be given to ensuring that older Coloradans have priority access to any recommended booster vaccination and that care staff interacting and engaging with older Coloradans are fully vaccinated and practicing recommended masking guidance.

- The only way to ensure older Coloradans and all Coloradans are protected from this and future pandemics is to ensure that best practice in public health guides our state's policy. To this end the state should begin treating COVID vaccination in the same way that the state treats all other major infectious diseases (such as polio and measles). This would include requiring vaccinations, monitoring ongoing immunization, and requiring proof of vaccination.
- SAPGA recommends prioritizing efforts to achieve a higher rate of first vaccinations in marginalized and minority populations. Particular attention needs to be paid to Colorado's Latinx population, who make up 20% of the entire state. Efforts in this area include, but are not limited to, targeted outreach; training community leaders to assist in community education and community-based vaccination efforts; vaccine accessibility through the use of mobile or pop-up clinics located near public transportation and available outside standard business hours; ensuring communities have access to science-based, medically-accurate information relating to vaccinations; ensuring language accessibility in information shared with specific communities; and ongoing efforts to identify and address other barriers to vaccination within specific communities. As part of this effort, SAPGA recommends that the General Assembly pass legislation making it a crime to intimidate or interfere with someone at a place where vaccines are administered.
- SAPGA recommends the state develop a communications toolkit to facilitate sharing of credible information, to promote confidence in our public health system, and to combat inaccurate political information, with tailored communication and messaging designed to improve outreach to minority populations. This should include a dedicated website and other vehicles for communicating general information, agency referrals, and information to educate older adults on issues and resources that directly affect them.
- The state should mandate vaccination of children against COVID upon the emergency use authorization for the first vaccines. This aligns with current requirements of other infectious diseases and provides protection for older adults in multi-generational households.
- The state should invest in a long-term public education campaign to promote strong public buy-in to the public health guidance of vaccination, masking, and social distancing necessary for this and future pandemics. The state also should invest in a long-term strategy of public health messaging related to pandemic preparedness.
- SAPGA recommends fortifying communications between CDPHE and county public health systems on community living standards for detecting, tracing, and containing the spread of highly infectious diseases, and guidance on how county and local government should execute safety protocols. This includes clear state guidelines for facility access by ombudsman and adult protective services and providing rehabilitation stay for COVID patients. Funding should be allocated to support coordination between CDPHE and county/local health departments.
- SAPGA recommends an assessment of what improvements in public health education programs

and campaigns are necessary to increase acceptance of science-based recommendations. The state should explore strategies and tactics to combat mis-information in all sources of media (including social media). These approaches should be built into an ongoing campaign of pandemic preparedness in general, COVID preparedness specifically, and all areas of public health.

assistants with geriatric training or experience, to participate in the loan repayment program on the condition of committing to provide geriatric care to older adults in health professional shortage areas for a specified period. A total of \$400,000 was committed to support the program in the coming year via HB22-1329, for one year only. SAPGA recommends the state make this program an annual budget line item. SAPGA further recommends that the state expand this program through the fiscal year 2025-2026 with a total additional funding of \$1,200,000, training around six people annually.

Social Isolation & Impacts

- SAPGA recommends funding to support continuation/expansion of the UCH COAST-IT (Connecting Older Adults to Students through Interprofessional Telecare) program and other programs that support homebound older adults in need of social support and connection.
- The state, along with other key stakeholders, should invest in multi-generational matching programs to link younger Coloradans with older homebound Coloradans. These programs can be in person (provided all parties are in full compliance with CDC/FDA guidance) or virtual (e.g. UCH COAST-IT program).
- The state should encourage and facilitate full family vaccination for older adults in congregate care to facilitate family engagement and mitigate social isolation.

It is important to note that while implementation of this recommendation is a good starting point, ongoing efforts to encourage and support geriatric specialization will be needed as the population of older Coloradans increases and our need for more providers must keep pace. In past recommendations SAPGA has previously recommended various financial incentives to encourage geriatric specialization.

Clinical Impacts & ICU/Systems Response

- Increase Medical Providers for Older Adults through implementation and expansion of SB21-158. During the 2021 legislative session, SB21-158 was introduced and passed. The bill allows geriatric advanced practice providers, defined as advanced practice registered nurses and physician

- SAPGA recommends requiring vaccinations for anyone working in medical, caregiving, or senior facilities, as well as anyone providing in-home medical or home health care.
- SAPGA recommends enhanced communication coordination and treatment protocol sharing between Colorado ICU/Health Systems.
- SAPGA recommends a review of the policies and applications of necessary diversion protocols when health care facilities have exceeded ICU or inpatient capacity in particular geographic areas.

AAAs & Local Government Role & Response

- SAPGA recommends that the state work to ensure that senior care providers throughout Colorado have the resources they need to resume (or expand) services essential to the health and well-being of older adults including, but not limited to, wellness services (i.e. evidence-based disease prevention and health promotion services), food services, legal services, transportation, reassurance calls and wellness checks, SHIP counseling, internet access, and technology support.
- SAPGA recommends that the state incentivize adoption of technology-based services among

providers and make efforts to ensure that every LTC/senior facility has high speed internet and devices for residents. This mitigates social isolation and facilitates access to telehealth.

- SAPGA recommends providing AAAs flexibility with their funding streams to ensure they can provide services to our older adults and meet urgent and emerging needs. With the surges related to future variants in Colorado and the United States more broadly, it is hard to predict how COVID-19 will affect our communities in the coming months, and the AAAs must have flexibility to respond and adapt

Coronavirus (COVID-19) Home Test



Colorado's Crisis Standards of Care

After much review and discussion of Colorado's existing crisis standards of care (CSC), SAPGA, in coordination with several aging policy experts and stakeholders, submitted a letter to CDPHE Director Jill Hunsaker Ryan, on January 3, 2022. The letter communicated SAPGA's concerns regarding Colorado's CSC and their impact on older adults. SAPGA advocated for revisions to the CSC to ensure that the civil rights of older Coloradans are protected as decisions are made regarding the allocation of medical resources during the COVID-19 pandemic or during a future public health emergency.

Revisions suggested by SAPGA and other stakeholders were intended to avoid discriminatory impacts on older adults, older adults who are People of Color, and people with disabilities through the denial of medical care or life-saving treatment interventions for these populations. Specific concerns cited by SAPGA and its partners include:

- Use of age as a proxy for survivability;
- Tying estimated prognosis, especially intermediate and long-term survivability, to triage decision-making;
- Reliance on age or age and disability as correlated factors in CSC assessment tools;
- Utilization of 'do not resuscitate (DNR)' orders; and
- Consideration of intensity and duration of treatment needs without provisions for reasonable accommodations.

SAPGA's input to CDPHE resulted in updated CSC to ensure more equitable treatment of Colorado's older adults, older adults of color, and people with disabilities, as determinations are made regarding allocation of scarce health care resources during the COVID-19 pandemic or in future public health emergencies.



4

Disparities Task Force Recommendations

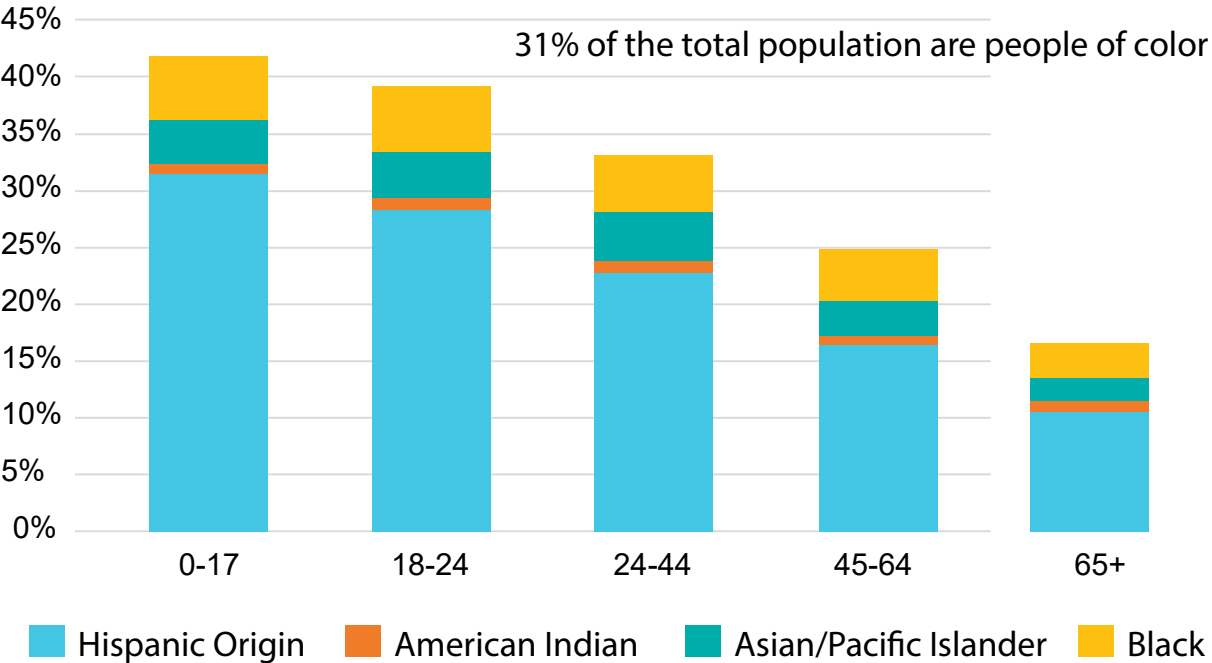
With the death of George Floyd in May of 2020 during the height of the COVID-19 pandemic crisis, the Black Lives Matter movement was elevated nationally, focusing on society's treatment of People of Color (POC). In Colorado, this triggered a similar movement as state and local elected officials, the media and many concerned Colorado citizens began to look more closely at the norms tied to how Black, Indigenous, People of Color (BIPOC) are treated in our state. While SAPGA had previously touched on issues of disparities, a committee dedicated to exploring the intersection of age and race was formed in 2021. The following highlights some of the findings of the committee that ultimately helped provide a foundation for the creation of recommendations to address disparities among older BIPOC Coloradans.



Changing Demographics

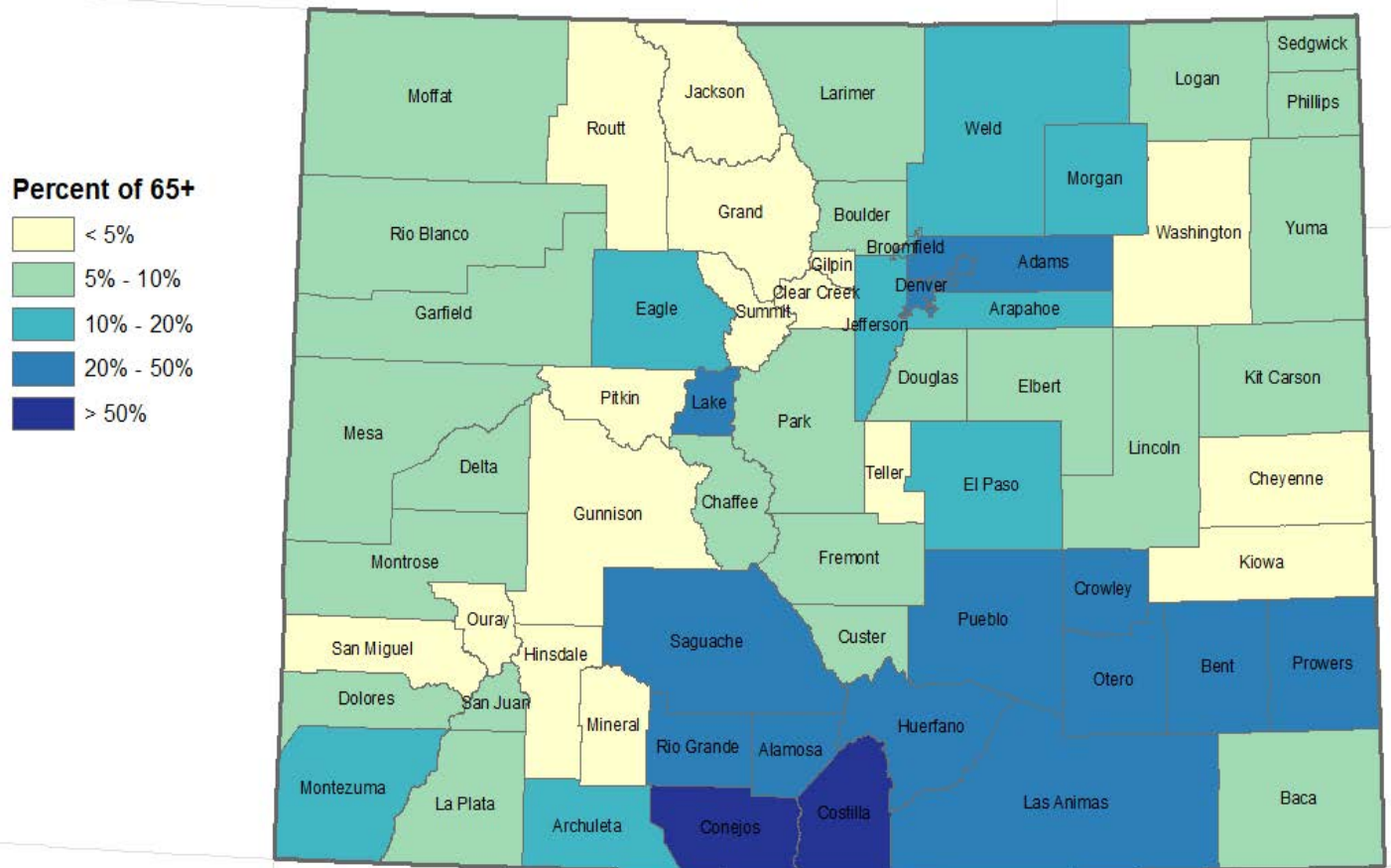
Colorado has a growing aging population which is becoming more racially and ethnically diverse. Such changes will have implications for aging policy, including concerns over ageism and racism. The State Demographer’s Office reports that in 2019, more than 31% of the total Colorado population is comprised of POC, with the largest group represented being individuals who identify as Hispanic Origin.

Percent of People of Color in Colorado, by Age



(Source: Nancy Gedeon, Colorado State Demographers Office, February 8, 2022).

Percent of 65 and older who are people of color



Source: Max Olsen, Leeds School of Business, 2021

*POC includes Hispanic, Black, Native American and Asian

Percent of People in Colorado 65 and Over Who Are People of Color

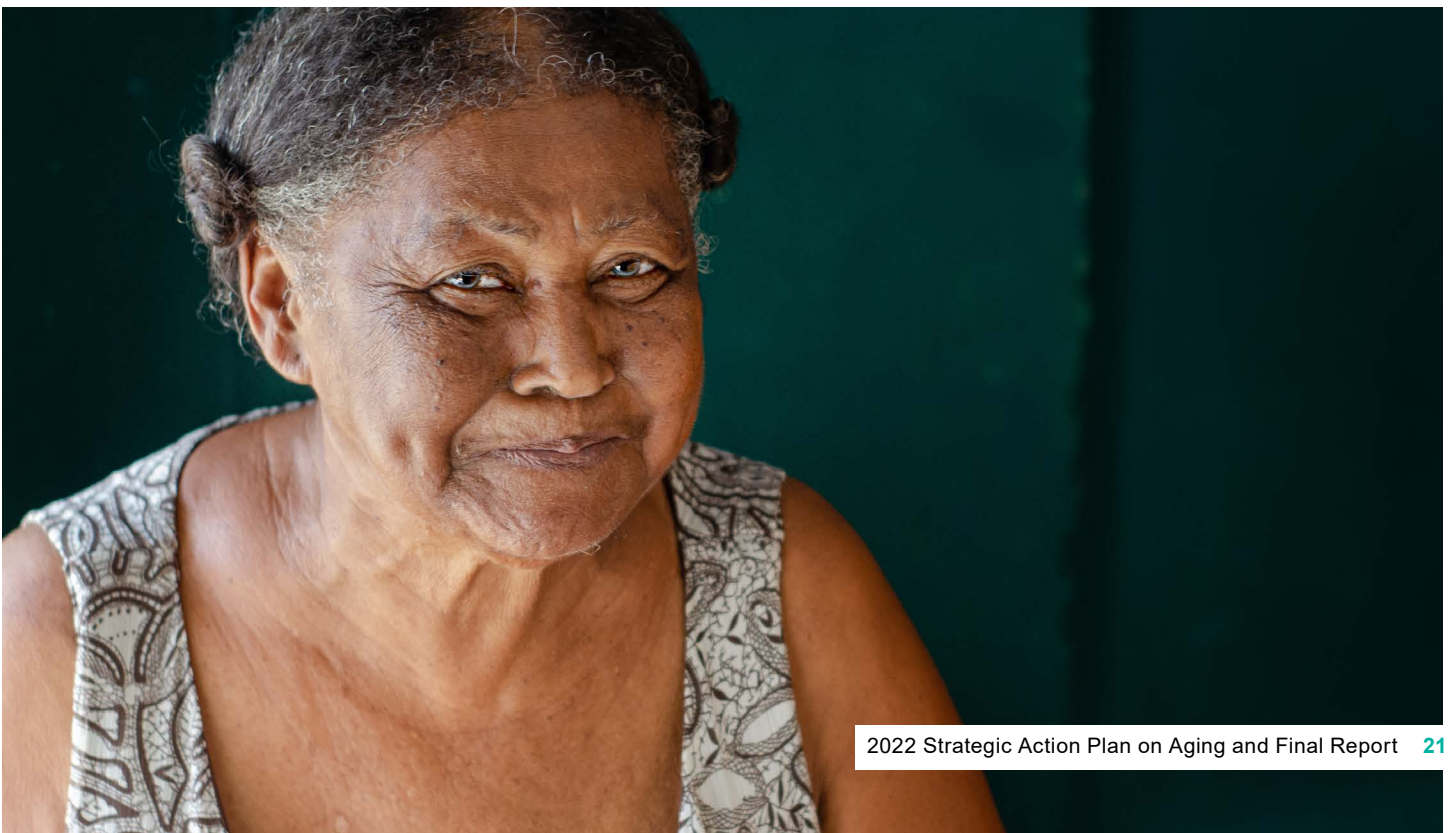
The highest concentrations of BIPOC live in southern Colorado, with Costilla, Conejos and Alamosa Counties having the highest proportion. While the

southern part of the state has the highest percent of individuals identifying as POC, the highest concentration of POC reside in Denver, Arapahoe and Adams Counties.

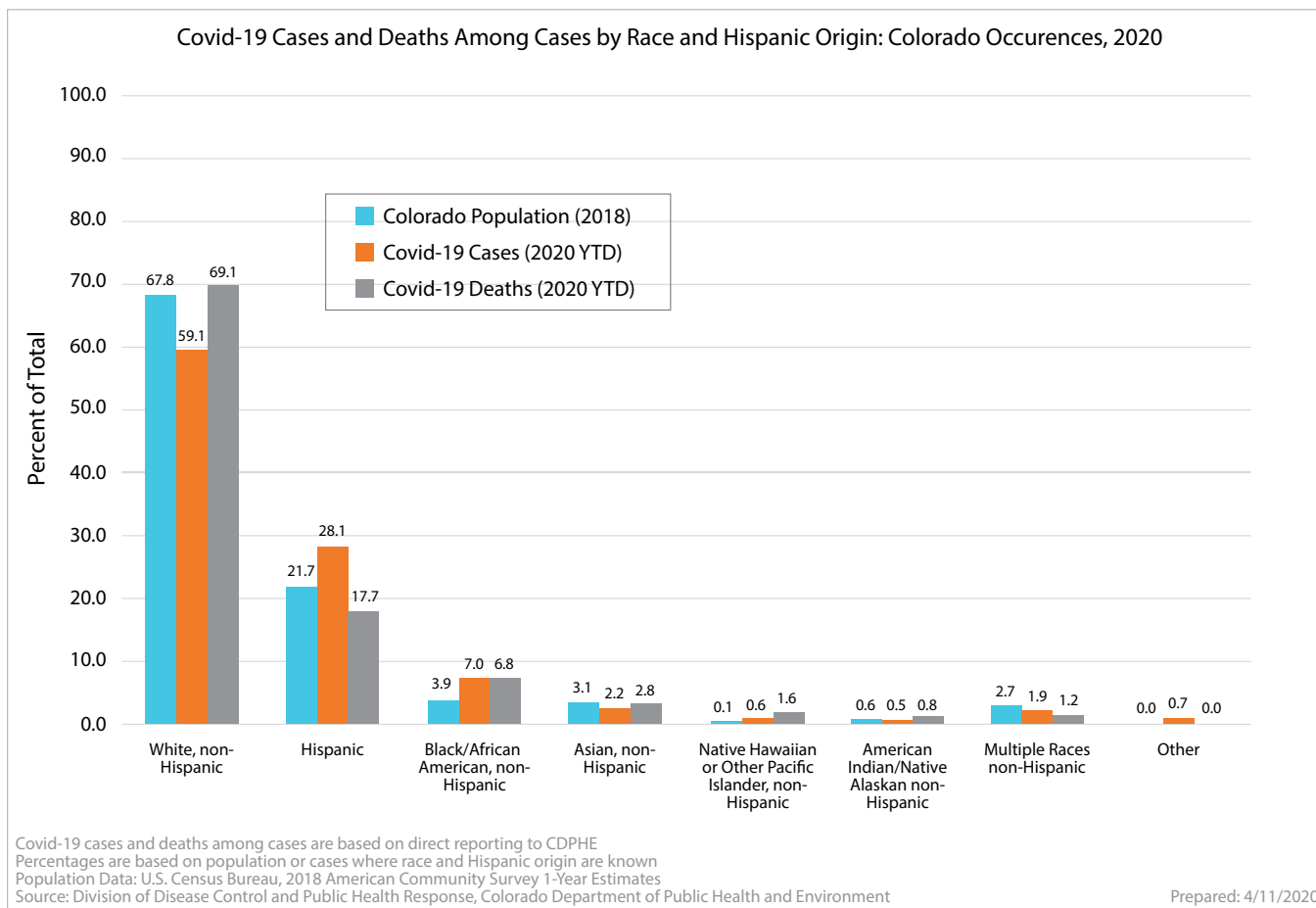
2020			
Highest concentrations of older people of color in Colorado	Costilla County	Conejos County	Alamosa County
	57.7%	53.2%	38.1%
Highest number of older people of color in Colorado	Denver County	Arapahoe County	Adams County
	28,932	18,122	16,101

Source: Max Olsen, Leeds School of Business, 2021

*POC includes Hispanic, Black, Native American and Asian



COVID-19 Cases and Deaths by Race and Hispanic Origin



Colorado Department of Public Health and Environment

Data released by the Colorado Department of Public Health and Environment shows people of color in Colorado have been disproportionately impacted by the novel coronavirus.

(Source: Max Olsen, Leeds School of Business, 2021)

*POC includes Hispanic, Black, Native American and Asian



Aging Vulnerability Index

For those older adults living in southern Colorado, but especially those who are BIPOC, there will be more challenges to get access to services to support them as they age. The Colorado Health Institute (CHI) released [Colorado Seniors and their Health: Where are Older Adults Most Vulnerable](#) highlighting this issue. CHI designed an Aging Vulnerability Index (AVI) to better understand the needs of Colorado's aging population, including access to health care, social programs, transportation, workforce opportunities and supports and resources. The AVI is based on risks such as poverty, age, or living alone and the presence of physical or cognitive difficulties. In the report, they identified Southeast Colorado and the San Luis Valley as the home to the highest concentrations of vulnerable seniors, according to their AVI.

COVID-19 and Racial Disparities

During the COVID-19 pandemic, Black people faced higher rates of infection, hospitalization and death from COVID-19, (Source [Denver Post, April 13, 2020](#)). The state data for all BIPOC aligns with concerning national trends as well. There are a variety of reasons for the higher death rate among POC, including the impact of enduring a lifetime of structural and institutional racism that result in more chronic disease and health ailments that, in turn, make Black people and other POC more susceptible to COVID-19.

“The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances.” — Paula Dressel, Race Matters Institute

Additionally, many BIPOC hold front line and direct service positions — occupations that potentially put them at higher risk of infection.

SAPGA Disparities Task Force

The SAPGA Disparities Task Force (DTF) looked at issues of intersectionality, given the growing diversity of Colorado’s aging population, including race and ethnicity, disability, geography, income, immigration status, language, religion/faith, sex, gender identity, sexual orientation and family status. The committee culminated in the DTF offering, and the SAPGA adopting, several recommendations. In light of the concerning demographics and the associated health and economic disparities associated with those demographics, SAPGA recommends the following:

- That both the Governor and General Assembly declare racism a public health crisis that is particularly devastating to older POC.
- Additionally, SAPGA recommends that an advisor on aging, diversity, equity and inclusion be hired to

help support work, including a systemic evaluation of existing programs and services to identify disparities, improve delivery and reach and require improved data collection and analysis relating to older POC.

(See below for full SAPGA Disparities Task Force recommendations.)

In addition to the proposed recommendations, through SAPGA’s connection with [Justice in Aging](#) and individuals involved in the California Master Plan on Aging (MPA) Equity Committee, SAPGA took the [California MPA Equity Tool](#) and adapted it to Colorado with the goal of using it to analyze state policy through the intersection of race and age. That tool is shown in the appendix of this report and helped SAPGA examine its work using an equity lens.

SAPGA Disparities Task Force Recommendations

- Racism is an artificial construct based on the marginalization and oppression of people of color and a social racial hierarchy that artificially privileges one group of people above another. In the United States, privilege is granted to white people. Racism is supported in United States history, codified in law, public policy, and social mores (customs).
- Racism is a public health crisis: The Colorado Governor should declare that racism is a public health crisis. It is a public health crisis that is particularly devastating to older People of Color. They shall make a long-term commitment to improve and resolve racism and will hire at a minimum, an Advisor on Aging, Diversity, Equity, and Inclusion.

- Racism is a public health crisis: The Colorado Legislature should declare that racism is a public health crisis. It is a public health crisis that is particularly devastating to older People of Color. They shall make a long-term commitment to improve and resolve racism and will hire at a minimum, an Advisor on Aging, Diversity, Equity, and Inclusion.
- Advisor (or Persons) on Aging, Diversity, Equity, and Inclusion (ADEI): Colorado, through stimulus and/or state funding, should fill an Advisor on Aging, Diversity, Equity, and Inclusion position focused on the intersection of aging with diversity, equity, and inclusion. The position could have support staff; all would do a systemic evaluation of existing programs and services with an aging and DEI lens to improve delivery and reach. An advisory committee would be formed mirroring the populations who need to be heard from and are currently underrepresented.

- Implementation: Systemic evaluation of existing programs and services to identify disparities, improve delivery and reach, requires data collection and analysis (See Recommendation 3).

The results of data collection and analysis will/shall be used in conjunction with the Equity Tool and other relevant information to ensure that all programs and services offered to older people of color, under the state's authority, are sensitive to the diverse cultures and needs of the older people in communities of color. In addition to the sensitivity of cultures and needs, the data should be used to increase sustainability of, access to and participation in programs and services for older People of Color. Further, we recommend that all state agencies adopt a health and equity in all policies approach, where decisions on new policies or programs or changes to existing policies or programs are evaluated with aging and equity lenses, using a health and equity in all policies framework.





5

Long-Term Care and Caregiving

Increasingly, the system of long-term care in Colorado as it stands now cannot support the changing needs of the aging population to allow for people to age in place — a need that has been amplified by the onset of a global pandemic during which long term care facilities have demonstrated the inefficiencies and fractures in the system foundation. Impacts of older adults living in long-term care facilities during the COVID-19 pandemic were stark and severe with 19% of those who tested positive dying from their illness through March of 2021. The need for long term care services is only expected to increase as the changing demographics of the state shift, with the 65+ population expected to increase to more than 1.3 million people by the year 2030. Further, the demographic shift is expected to proportionally increase the need for long-term care for all Coloradans, thereby putting strains on the state's Medicaid budget, among outcomes to consider.

The system of long-term care and the auxiliary services that support it are limited, insufficient and not accessible to most aging Coloradans. There is increasing recognition that rural long term care facilities are at particular risk because of inability to maintain or recruit staff. Structural investments informed by a more inclusive and human-centered approach are necessary to ensure a system of care that is responsive to all Coloradans — regardless of income, gender, race, geographic location or health and well-being status. The following recommendations promote an approach to long-term care that serves individuals, caregivers and family members with a system that is designed to support independence and supports individuals to thrive in communities of their choice.



Recognizing the importance of addressing the [eight domains of livable communities](#) in alignment with Lifelong Colorado, and understanding that the traditional, institutionalized long-term care model for providing housing and care to aging adults does not always effectively address their social, economic and environmental health and well-being needs:

- SAPGA recommends the promotion and creation of social-led, sustainable community models of living for people to thrive in communities of their choice, that adapt to the needs of individuals, utilizing universal design and innovation to support independence, provide access to services and support needs, and allow for the development and sustainment of social connection.
- SAPGA recommends developing policy to ensure sustainable funding for area agencies on aging (AAAs) that in turn supports adult programming in communities that remain accessible and support aging in place while also establishing that resources are allocated to better address the racial, geographic, economic, health, age-related and gender disparities that exist in each community. Further, resources should be diversified, developed and sustained to provide services in communities beyond what is offered by AAAs.
- SAPGA recommends developing policy focused on the assessment and mitigation of racial, geographic, economic, health, age-related and gender disparities through the development of common and universally applied metrics to ensure equitable distribution of resources and the development of public policy and regulation.
- SAPGA recommends considerations regarding the shift towards home care and community care, while understanding the continued need of certain congregate care settings—specifically with regard to behavioral health. In addition to supporting programs and policies that encourage aging in the community of their choice, we support a shift in funding and regulatory requirements that allow for appropriate staffing, reimbursement rates and specialized care education that is needed for individuals living with co-morbidities and mental and behavioral health challenges. By supporting a change in reimbursement rates for assisted living facilities, this lessens the burden at the state and county level and it will delay or prevent individuals ending up in nursing care facilities (the costliest care setting), in alignment with efforts by Colorado Department of Health Care Policy & Financing (HCPF) to offer care in the least restrictive environment.
- SAPGA notes that Long Term Care and care giving is an area within the Life Long Colorado initiative which requires support for innovative structures and models in order to successfully meet the growing need.



Older Adults in the Workplace

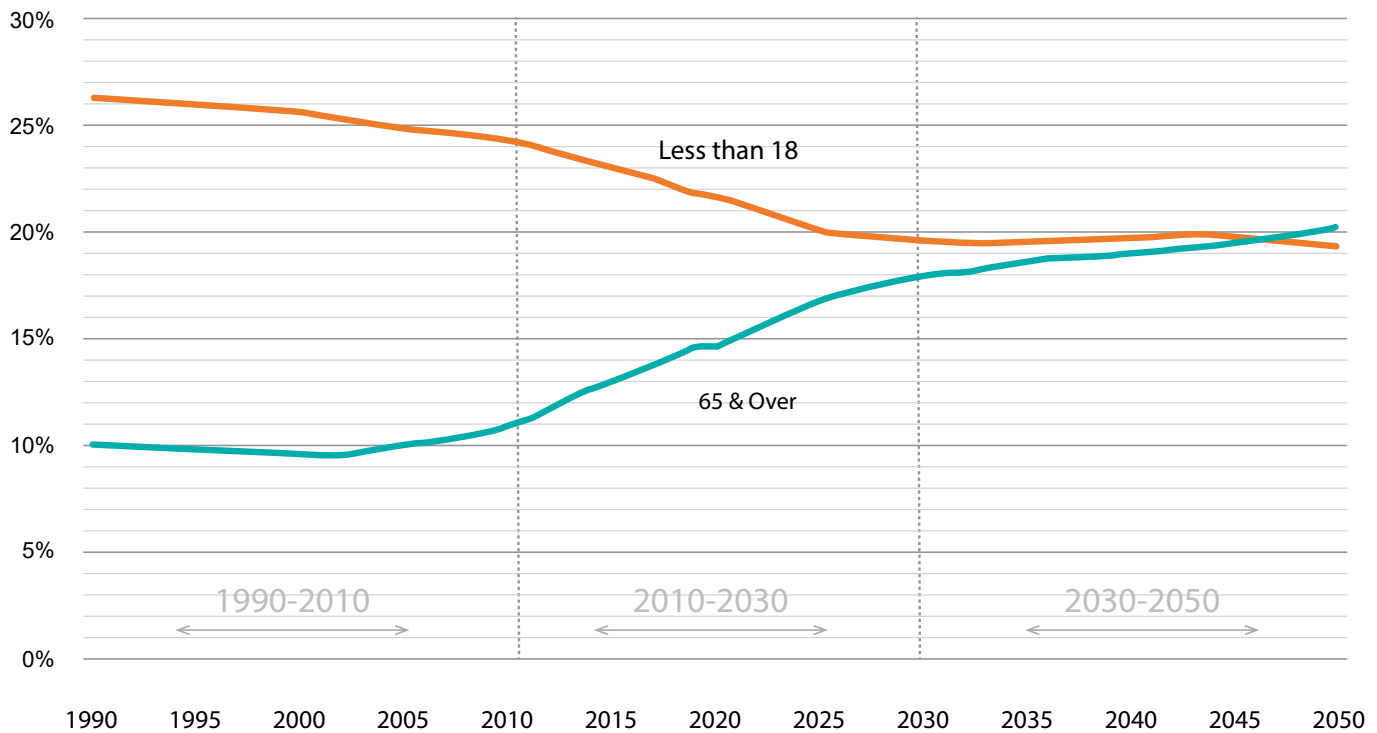
Older Adults Extended Lifespan and Work span

Since its inception, Strategic Action Planning Group on Aging (SAPGA) recognized that Coloradans are living longer and healthier lives. That extended lifespan provides opportunities, but along with those opportunities are added needs such as enhanced retirement savings to accommodate the extra years of life.

Beyond the extended lifespan, SAPGA also recognized that over the last four decades, there has been a declining birth rate leading to fewer young adults entering the workforce and more older adults potentially available to work longer. See chart below.

When social security was set up in 1935, the government set retirement at age 65. [The average man and woman lived to nearly 60 and 64](#) respectively, with many older adults dying before they had the opportunity to retire. Fast forward to today, and each of us will likely live ten years longer than our parents and twenty years longer than our grandparents; and a person born today has a high probability of living to 100. Those added years of life for every future generation will require more retirement savings to ensure we each have the financial resources we need until we depart this world.

Colorado age group share total population 1990-2050



Add to the extended lifespan the fact that the economy has had ups and downs over the last two decades causing increases and drops in the stock market, savings yield reductions, increased costs due to inflation, and changes in the workplace following the Great Recession, the global pandemic and the ongoing impacts of ageism. All factors lead to a need for improvements in the ability for older adults to continue to work in some capacity as they age.

Beneficial Resources for Older Adults Seeking Work

In late 2020, Changing the Narrative, a non-profit communication and awareness campaign focused on increasing understanding of ageism and evolving how people think, talk, and act in regard to aging and ageism, released a report summarizing the findings of their 50-plus Colorado Workforce Survey conducted mid-to late 2020 of people 50 and older.

The findings indicated that there are opportunities for the state and employers to evolve their programs and practices to recruit and retain older adults in the workplace. Many of the resources older adults find valuable overlap with recommendations SAPGA has made over the years in terms of increased services targeting older adults.

Top career services and supports as rated by older adults:

- 61%, job postings and hiring events.
- 56%, networking opportunities.
- 55%, paid certifications.
- 46%, resume assistance.
- 45%, career assessment.
- 45%, career counseling.
- 44%, access to job coaching.

Older Adults Open to Changing Careers or Industries:

Of respondents who reported that they were looking for work, 50% indicated they were interested in changing careers or industries, and an additional 39% indicated they were not necessarily looking to do so but were open to the idea.

Source: [Changing the Narrative Workforce Survey Snapshot - 2020](#)

Ageism in the Workplace:

One element that both the Changing the Narrative Workforce Survey and the The American Association of Retired Persons (AARP) Value of Experience Survey found is that older adults continue to face ageism in the workplace. While there has been increased interest in Diversity, Equity and Inclusion (DEI) programming with employers, in many cases, age has not been included in DEI work.

AARP survey found:

- Nearly one in four workers age 45 and older have been subjected to negative comments about their age from supervisors or coworkers.
- About three out of five older workers have seen or experienced age discrimination in the workplace.
- 76% of these older workers see age discrimination as a hurdle to finding a new job; another report found that more than half of these older workers are prematurely pushed out of longtime jobs and 90% of them never earn as much again.

Source: [Workforce Age Discrimination Still Flourishes in America – December 2019](#)

Supporting Employers Seeking Older Workers:

In Colorado, unique programming has been developed to support employers seeking opportunities to expand recruitment and retention of older workers. The Age Inclusive Management Strategies (AIMS) project, funded by the Next50 Initiative (NFI), specifically connects with employers through a website focused on the older worker and delineates strategies and tactics that support the recruitment and retention of older workers. Once an employer has reviewed the website and taken the assessments, the AIMS team support the employer as they select tactics and strategies to learn more about providing research and analogs, and help the company enhance their opportunities to recruit and retain older workers.

The recovery and future productivity of the Colorado economy requires that corrective initiatives be implemented to fill the shortfall in workers filling the large number of open employment positions which is leading companies in the private sector to not being able to grow or remain in business. There is a critical need for workers and the large percentage of older or retired workers who want to work can help alleviate this economic crisis.



Workforce Committee – Older Adults in the Workforce SAPGA Recommendations - 2021

Aging Worker Initiative (AWI), Analog: Colorado should create a state program mirroring the Aging Worker Initiative previously done at the federal level (2009-2011). The state should dedicate \$10,000,000 of stimulus funds and/or of state funds to the program and grant the funds out to five workforce centers and/or community-based organizations to focus programming and supports to the older adult worker (50+) building on the learnings from the national AWI completed in 2011. Funding would include dollars dedicated to the data collection and analysis of the learnings and successes (positive and negative outcomes) of the program and potential return on investment. Additionally, this funding can be used by workforce centers to make structural changes to the way they support older workers to better support this demographic in the years and decades to come.

WorkPro Initiative – Singapore, Analog: Colorado should dedicate more than \$10,000,000 of stimulus funding and/or state funds to grant out to corporations (potentially focusing on the Sector Partnership community and Chamber of Commerce organizations) to support evaluation of workforce management and intergenerational workplaces, review and implement job redesign and focus on all things flexible for all ages. With this one-time funding, businesses would be able to make one-time capital and/or structural changes to their organization to support our state's evolving workplaces.

Apprenticeships for Older Adults, CareerWise

Analog: Dedicate \$1,500,000 of stimulus funding and/or state funding to promote apprenticeship programs

to older adults and get them hired in an apprenticeship capacity. An additional \$1,000,000 of stimulus funding and/or state funding would be added to the corpus as matches to funds coming from the private sector to grow the program. A new non-profit could be formed to manage the program, it could be an expansion of CareerWise, or funds could be directed to existing apprenticeship programs purely for outreach, training, and funding for older adults in apprenticeships. Data would be collected and analyzed on those older individuals who secure apprenticeships assessing the value they bring to the employer.

Enhance Data Collection Related to Older Adults, Community Assessment Survey for Older Adults (CASOA) Analog: Dedicate \$2,000,000 to more than \$4,000,000 to create a survey to gather data on older adults in statistically valid sample sizes to help the state and its various departments better address the needs of the aging population as they seek to continue working. An overview of the information would be incorporated into the Talent Pipeline Report directly and detailed in an appendix to the Talent Pipeline Report. The data would supplement the Bureau of Labor Statistic data and enhance the breadth of information available about the aging population's need or desire to stay in the workforce as well as guide policy to support their efforts. This would include providing statistically significant sample sizes to address older adults and older adults who are People of Color. An analog for this kind of data gathering is the CASOA. SAPGA proposes it be done every two years to keep data current.

Workforce Committee Recommendation – General (may not need state funding)

SAPGA recommends legislation that would update anti-discrimination laws that allow for compensatory and punitive damages related to age discrimination lawsuits and that employers should be required to provide broad discrimination training to include ageism.

SAPGA recommends legislation that would:

- ban high school and college graduation dates on applications and/or prevents proxies for age being used to discriminate based on age,
- build upon already existent federal protections and create stronger, clearly defined state age discrimination laws,
- ensure enforcement measures are followed and reinforced in any workforce legislation,
- include in any future legislation related to the workforce, ensure referencing the entire Talent Pipeline including older adults and include best practices for outreach including outreach to older adults.





As an invested partner and leader on strategic planning for aging policy in Colorado, SAPGA was provided the opportunity to review and provide edits and input into the rewrite of the Older Coloradans Act (OCA). SAPGA took the opportunity seriously and offered a line-by-line edit to the initial bill draft, integrating elements and recommendations that captured priorities of both the Planning Group and Colorado Commission on Aging (CCOA) over the preceding years. As a part of that offering, the Planning Group delineated key priorities for inclusion in the OCA modernization:

- **Inclusion of SAPGA goals** in the legislative preamble to guide the state's approach to aging and aging services in Colorado.
- **State approach to aging must be comprehensive**, multidisciplinary, and span the life course, connecting with key departments outside of the Colorado Department of Human Services (CDHS) whose work covers aging.
- **The new body must be an autonomous**, citizen-led, multidisciplinary stakeholder commission that includes representatives from the public and private sector, all regions of Colorado, older adults and representatives from county and local government.
- **The commission shall be authorized to hire contract staff** to support its work. **The commission shall have a sufficient budget** to support hiring of staff and ensure that the work of the commission can be effectively implemented.
- **The commission shall have the ability to develop legislation and advocate for its passage.** The commission shall also have the ability to advocate for its recommendations and priorities. This authority shall be independent from CDHS oversight and control.

Modernization of the Older Coloradans Act

While the legislation did include elements of each of the bullet points above, there are opportunities for amendments in future years, depending on the progress and work of the new commission and how well the implementation of the act aligns with the original intent of the legislation and the organizations that supported the changes.

Key Elements of the OCA Modernization:

The rewrite and modernization of the Older Coloradans Act in 2022 was a crucial step toward realizing the vision of SAPGA's strategic plan. The existing law governing aging policy was last amended in the mid-1960s. Updating the goals, infrastructure and vision for the work of the state, as well as evolving the CCOA, is an innovative vehicle for state collaboration that specifically provides a framework for aging policy and supports the bridging of government agencies and departments that are connected or have overlapping programs supporting older adults.

A new Technical Assistance Committee (TAC) was created in the legislation and is comprised of the various departments listed. Meetings of the TAC will enhance the communication and cross-pollination of ideas, work and policy developments to better serve aging Coloradans now and in the future.

The newly formed Technical Advisory Committee will include, but not be limited to the:

- Department of Human Services
- Department of Labor and Employment
- Department of Higher Education
- Department of Health Care and Financing
- Department of Transportation
- Department of Health and Public Environment
- Department of Local Affairs

The OCA includes mention of potential committees that the newly appointed CCOA may convene. The committees will include stakeholders from across the state, lending input and perspective from all geographic regions and representing mountain, frontier, urban, sub-urban and rural community priorities. This dynamic structure will help facilitate broad collaboration amongst stakeholders and bring expertise and input from all corners of the state. The challenge will be how to prioritize CCOA and committee work to maximize benefits to aging Coloradans who may look to the state with their aging needs.

The modernization of the OCA enhances reporting mechanisms on progress made on the recommendations in the SAPGA strategic plan and other recommendations of the newly formed Colorado Commission on Aging. The OCA requires that an annual report will be produced commencing on or before September 1, 2023, reporting on the existing policies and programs across state agencies and work of the commission that supports the implementation of the strategic plan on aging as well as the Lifelong Colorado Initiative. This report will be submitted to the Governor, executive directors of impacted agencies and the General Assembly.

Another critical element of the Modernization of the OCA was the formalization of Lifelong Colorado, an initiative started during the Hickenlooper administration and broadened in 2021 with the Governor and Lt. Governor's signature and endorsement of the [Lifelong Colorado Plan – Liveable Communities for All Coloradans](#).

The last key element of the OCA includes the requirement that the TAC, in concert with the commission and CDHS, collect and make publicly available on the state Department's website, data sets and metrics specific to the strategies developed by SAPGA, the CCOA and Lifelong Colorado.

The Colorado Commission on Aging sub committees may include, but are not limited to:

- Workforce opportunities for older Coloradans
- Direct-care workforce
- Housing options for older Coloradans
- Age-friendly, affordable, and livable communities
- Health care
- Chronic disease prevention and maintenance
- Behavioral health
- Lifelong learning
- Retirement security
- Legislative and local government affairs
- Transportation
- Disparities among older Coloradans
- Elder rights
- Innovation and technology





Master Plan on Aging

The goal of SAPGA's work was to develop a comprehensive strategic action plan on aging helping the state plan for and help equip older adults to age successfully. The SCAN Foundation has described such a plan as a master plan on aging (see box above). SAPGA's strategic plan includes the creation of a comprehensive list of recommendations that establish a framework for Colorado's Master Plan on Aging that involved five different departments on the SAPGA working group, participation and support of the Governor and/or Lieutenant Governor through two administrations, engagement from a broad range of stakeholders over the seven years of SAPGA's existence, and SAPGA's dedication to covering a wide range of topics—all critical elements of a master plan on aging.

The SAPGA Plan recommendations cover the following topics:

- state administration and leadership,
- workforce issues (including both workers to support older adults and opportunities for older adults to find work),
- volunteerism,
- retirement security,
- health care and wellness,
- elder abuse and mistreatment,
- family caregiving (informal caregiving),
- mobility, transportation and built design,
- housing,
- long-term care, and
- COVID-19 (and pandemic related issues)
- and disparities – race and aging.

SAPGA Master Plan on Aging

Master Plan Successes

Though permanent funding was not established for the Senior Advisor on Aging during the 2022 legislative session, the vision is that the 2023 session and beyond will bring legislation that supports staff dedicated to implementation of the Master Plan on Aging and implementation of the Planning Group's recommendations. While the Modernization of the Older Coloradans Act (HB22-1035) provides a modernized vision, and an enhanced framework and structure for collaboration to support the development of the state's aging plan, there is no new program funding to support much of what is directed under the Act. As such, the Colorado Department of Human Services (CDHS), new Colorado Commission on Aging (CCOA) members, Technical Advisory Committee (TAC) and Senior Advisor on Aging will have work to do to move the recommendations forward.

Master Plan Challenges

SAPGA experienced challenges in prioritizing the recommendations in a data-driven manner in each topic area. While some funding existed in the early days of SAPGA's existence to gather and analyze data, in later years, SAPGA had few funds to expand such work. Additionally, SAPGA had yet to establish timelines and accountability measures for actions taken toward specific goals. One complicating factor was the lack of authority in SAPGA's enabling legislation to engage in lobbying efforts to advance the recommendations that would have contributed to the full development of a master plan on aging.

What Is a Master Plan for Aging?

A Master Plan for Aging is a blueprint that:

- includes planning for 10 or more years;
- is often led by a governor with other executive and legislative leaders; and
- is developed to guide the restructuring of state and local policy, programs, and funding toward aging well in the community.

A successful master plan connects the public, private and independent sectors in renovating systems-based solutions that touch all major areas of the aging life experience (e.g., health, human services, housing, transportation, consumer affairs, employment, income security). It brings visibility to population aging priorities using data and stakeholder input, establishing measurable outcomes to address those priorities while acknowledging infrastructure differences (i.e., provider availability, transportation, internet and cell service) across urban and rural localities. At its best, a master plan is iterative, to be reviewed and updated over time.

Taken from SCAN Foundation: <https://www.thescanfoundation.org/publications/building-a-master-plan-for-aging-key-elements-from-states-planning-for-an-aging-population/> - 10/4/21

Next Steps for Implementing a Master Plan

With the rewrite of the Older Coloradan's Act and its implementation, along with the continued funding of the Senior Advisor on Aging position and the evolution of the CCOA (as defined by HB22-1305), Colorado is poised to take the next steps. CCOA will need to enhance the recognition that aging is a continuum on which Coloradans of all ages are currently participating. To finalize the work on the SAPGA Plan, prioritization of efforts along with measurable goals and timelines are needed. Part of that will be accomplished through the dashboard that the state will create to comply with HB22-1305. A system to review the plan could also be added to ensure the state is staying current with the societal changes and proactively adapting policy to address the needs of the older adult population.







Next Steps on the Path Forward

With the passage of the Modernization of the Older Coloradans Act (HB22-1035), opportunities exist for the state to take the next steps on the path forward to ensure Colorado and its citizens are better prepared and equipped for the aging journey.

While SAPGA ceased to exist on June 30, 2022, all the recommendations in the SAPGA Plan 2021-2022 have been shared with the administration as well as the State Unit on Aging Director who will work directly with the new Colorado Commission on Aging. Appointments to the new body created as a result of HB22-1035 will be made in the fall of 2022. Each new member will receive a copy of the SAPGA 2021-2022 Plan along with other specific work of the previous Colorado Commission on Aging.

Appendix A is structured to show the recommendations from 2016 to 2020 with updated matrixes for significant actions taken on those recommendations since 2020. The work of the SAPGA and its committees in 2021 and 2022 follows the 2016 to 2020 recommendations.



State Structure And Age-Friendly Planning

- 1) The Governor should create a permanent, high-level office or position within the executive branch to be accountable for and lead the state government's work on aging issues. The Governor should propose and the General Assembly should consider legislation to grant this new office or position the authority and capacity to:
 - a) Set consistent statewide policy priorities.
 - b) Coordinate the aging-related work of state agencies and workgroups.
 - c) Help the state coordinate effectively and consistently with federal and local partners — and learn from the experiences of other states, commissions, planning groups, and other research entities, including the work conducted by and on behalf of SAPGA.
 - d) Maximize efficiency and cost-effectiveness and identify potential savings.
 - e) Identify gaps and unmet needs.
 - f) Identify and help develop innovative new financing mechanisms, including utilizing opportunities for matching funding.
 - g) Collect, analyze, and share data across agencies to improve decision-making related to workforce development and participation, health and wellness, and other key areas related to aging policy.
 - h) Help drive public education efforts concerning the effects of aging in Colorado.
 - i) And oversee the implementation of the state's Strategic Action Plan on Aging as well as appropriate recommendations from other efforts such as the Community Living Advisory Group

Appendix A: Strategic Action Planning Group on Aging Recommendations from 2016-2022 by Topic **2016-2020 Recommendations with Updated Matrix**

(CLAG), Colorado Aging Framework, Colorado Department of Public Health and Environment Healthy Aging Plan, and the Colorado Alzheimer's Disease Plan.

The Colorado Legislative Council should consider establishing a similar and parallel high-level mechanism and process for tracking and coordinating aging issues as well as educating individual lawmakers. (2016)

- 2) The Governor's Office of State Planning and Budgeting, the Colorado Legislative Council, and the Joint Budget Committee staffs should work together to compile a comprehensive state budget on aging to identify all state expenditures related to aging issues (including revenue expenditures such as tax credits) as a tool to help policymakers plan and prioritize at the state level. These efforts should also include identification of major long-term trends in state expenditures with special attention given to resolving the state's structural imbalance and its impact on funding aging-related programs. (2016)
- 3) Colorado's counties and municipalities, in collaboration with the Area Agencies on Aging and state agencies, should develop and implement comprehensive local and, where appropriate, regional plans for aging that prioritize services and expenditures, promote efficiencies, and identify public and private strategies to ensure adequate long-term funding. These plans should include strategies and solutions that have been demonstrated to help improve the lives of older Coloradans, help them age in place, and contribute to their communities. (2016)
- 4) As key first steps in helping communities reinvent themselves so that Colorado seniors have more opportunities to age in place and remain active, the General Assembly should take the following steps to build on promising existing efforts:
 - a) Support efforts to create a Universal Design Certification program to encourage the inclusion of universal design elements in new and remodeled housing for seniors, such as the one within the Colorado State University Institute for the Built Environment. This should include adequate resources for piloting this Universal Design Certification process with the Partnership for Age Friendly Communities in Larimer County and to share and promote the lessons of that pilot program with communities throughout Colorado.
 - b) Support the Colorado Department of Transportation's (CDOT) State Coordinating Council in coordinating among the wide range of programs that help serve the transportation needs of Colorado's aging population. The Council should be charged with making specific regulatory, legislative and funding recommendations to improve the reach, effectiveness and efficiency of existing programs.
 - c) Utilize the CDOT State Coordinating Council and regional councils to help seniors access tools and training to remain safe on the road, such as AARP Driver Safety Courses, the Manual on Uniform Traffic Control Devices, the Car Fit Program, the Colorado Guide for Aging Drivers and Their Families, and the 2015 Strategic Highway Safety Program. (2016)

- 5) The State of Colorado, along with local governments and the private sector, should support partnerships to promote and develop the expansion of community-wide efforts to make all of Colorado an age-friendly state in-line with the Lifelong Colorado initiative. (2018)
- 6) Designees from the Governor's Office, General Assembly, Colorado Commission on Aging, all Colorado departments listed in HB15-1033, and other select stakeholders should convene a working group chaired by the Strategic Action Planning Group on Aging to explore innovative directions to structurally integrate and crystallize past, current, and forthcoming aging efforts in order to support implementation, coordination, and collaboration in Colorado. In turn, promoting effective and responsive governance of aging issues with specific consideration to fiscal impacts on state, local, and family resources. Initial recommendations shall be provided in the forthcoming 2020 Action Plan Update. (2019)
- 7) The State of Colorado must establish an office with the mission to ensure implementation of the recommendations by the Colorado Strategic Action Planning Group on Aging and by previous and existing boards and commissions with relevance to aging and the development and implementation of policies and programs in response to emerging trends in aging. Upon deliberations with key stakeholders including AARP, Colorado Commission on Aging, Denver Regional Council of Governments, Colorado Senior Lobby, Colorado Association of Area Agencies on Aging and the internal membership of the Planning Group, which includes existing executive department representatives, the office must contain the following elements:
 - a) Sufficient autonomy and authority to allow the office to develop, propose, and seek support for legislation relevant to existing and new recommendations in both the legislative and executive branches.
 - b) An advisory council that is made up of key stakeholders in the area of aging including state government, higher education, private and non-profit entities, and the community. The body should have a membership that includes expertise reflective of the broad range of aging issues, diverse ethnic and racial makeup, the broad geography of the state, political representation, and most importantly, older Coloradans.
 - c) Broad authority to convene meetings of existing state agency executive directors and ensure that state agencies and programs are coordinating and collaborating in implementing the above recommendations and planning and operating with a vision of being Age-Friendly.
 - d) Dedicated long-term funding that ensures the office has the capacity to function in an effective and efficient manner, including adequate staffing. (2020)
- 8) In order to support the expansion of age-friendly communities across Colorado and facilitate local and regional coordination, assess needs, promote efficiencies, identify local leaders, and implement community-based public, private, and nonprofit sector strategies to support Coloradans of all ages, the State of Colorado should prioritize funding



State Structure and Planning Update on Progress Matrix

Recommendation Goal	Strategies	Initiatives
<p>Create mechanisms for improved state-level coordination and implementation of aging efforts.</p>	<p>Establish a high-level position or office within the Governor's Office.</p>	<p>Senior Advisor on Aging position created in 2018 with funding from Next Fifty Initiative. Related to recommendation 1.</p>
		<p>NextFifty Initiative funding ended 2021. Senior Policy Advisor on Aging position now funded through interdepartmental funds to 2023.</p>
	<p>Enhance coordination and communication between state departments.</p>	<p>HB22-1035, Modernization of the Older Coloradans Act, was signed into law by Governor Polis on March 24, 2022. This bill establishes a Technical Advisory Committee (TAC) specifically to improve communication and coordination between more than seven+ departments with an emphasis on ensuring progress is made in implementing the SAPGA Plan (June 30, 2022 version) and Commission recommendations.</p>
		<p>HB22-1035 further defines that the TAC will provide metrics related to the recommendations in the SAPGA Plan and publicly report and update on the state website.</p>
	<p>Identify state spending with support from the Joint Budget Committee (JBC) and Office of State Planning and Budgeting (OSPB).</p>	<p>Former OSPB staff and Aging Advisor led efforts to create a State Budget on Aging in 2018. Relates to recommendation 2.</p>

Progress and Outcomes

Additional Recommended Strategies to Pursue

Aging Advisor position has led to increased coordination with the Governor's office and has laid the groundwork to build upon current state structure. The Financial Security Coalition and Lifelong Colorado are efforts developed by the Aging Advisor, although remain unfunded.

Sustainable funding for a high-level office with authority to implement and coordinate with legislature and Governor's Office on aging issues; update State budget on Aging work; create high-level mechanism with Legislative Council Staff.

Seek General Fund support for Senior Advisor on Aging position in 2023 legislative session.

Statute provides the first meeting of the TAC will be no later than September 1, 2022 and will continue to meet at least quarterly.

Commission, in concert with the State Office, should publicly establish target date for roll out of key metrics and tracking in 2023.

Total spending and General Fund spending was identified for the top-8 aging-related expenses in the state. Efforts to update this were underway but current status is unknown (2019).

Update State Budget on Aging in 2023 (five-year update from the 2018 State Budget on Aging).

State Structure and Planning Update on Progress Matrix (cont.)

Recommendation Goal	Strategies	Initiatives
	<p>Create age-friendly communities and fund Lifelong Colorado Initiative.</p>	<p>Colorado was designated "age-friendly" by AARP in 2018 and the Lifelong Colorado Initiative was launched within the Department of Local Affairs (DOLA). Relates to recommendations 3, 5 and 8.</p>
		<p>HB22-1035: with this bill being signed into law, the Lifelong Colorado Initiative is statutorily defined emphasizing state, regional and local planning to create age-friendly communities over the lifespan, aligning its work with the recommendations of the SAPGA Plan and Commission.</p>
		<p>HB22-1035 also requires the Lifelong Colorado Initiative — through the connected departments — provide trackable goals and metrics on the State website on efforts tied to the SAPGA Plan, Commission, and Lifelong Colorado Initiative recommendations.</p>
	<p>Establish an office or department as the Leader on Aging.</p>	<p>HB22-1035 designates the State Office on Aging as the leading body on aging issues, working in concert with other departments.</p>

Progress and Outcomes	Additional Recommended Strategies to Pursue
-----------------------	---

Lifelong Colorado remains unfunded as grants were intended to be made available to local communities to implement age-friendly efforts. Age-friendly planning efforts persist around the state but are led by local leaders with little state support. DOLA remains interested in age-friendly planning efforts.

AARP has enhanced the AARP Livability Index (shared publicly as of April 18, 2022).

The Lifelong Colorado Initiative, through the State Office and various departments, should explore the enhancements and work to integrate into Lifelong Colorado Initiative work (<https://livabilityindex.aarp.org/>).

With HB22-1035, the CDHS State Office on Aging will house the Lifelong Colorado Initiative.

Seek General Fund support for Lifelong Colorado.

State Structure and Planning Update on Progress Matrix (cont.)

Recommendation Goal	Strategies	Initiatives
	<p>Combine the best of the Colorado Commission on Aging (CCOA) with the best of the Strategic Action Planning Group on Aging (SAPGA) practices and procedures.</p>	<p>HB22-1035 revised the Colorado Commission on Aging (CCOA) blending unique characteristics of the existing CCOA and SAPGA, broadening duties and responsibilities, and empowering the new CCOA to be proactive in recommending policy and programmatic changes to the TAC and the state.</p>



Progress and Outcomes

Additional Recommended Strategies to Pursue

Applications are being accepted to fill the openings on the 19 member CCOA to start work on September 1, 2022.

The new CCOA (starting work on 9/1/22) shall review existing policies and programs across state agencies, and on or before September 1, 2023, and each year thereafter, draft an annual report of issues and recommendations developed by the Commission that support the implementation of strategies in alignment with the Strategic Action Plan on Aging, Commission, and Lifelong Colorado Initiative.



opportunities to reenergize the Lifelong Colorado Initiative with support of local funders, community based organizations, and the private sector. The Department of Local Affairs should receive financial or human resource support for regional manager training on age-friendly practices and outreach to local communities to share information about funding opportunities. (2020)

Supporting Older Coloradans in the Paid and Volunteer Workforce

- 9) The CWDC also should ensure that older workers have access to training and support services required for meaningful employment. (2016)
- 10) The State of Colorado along with its partners in the public and private sectors should further structurally integrate the capacity for workforce development given the state's changing demographics. Existing structures, systems, and entities within the state should be supported to develop the necessary infrastructure to address the needs of older workers needing and wanting to stay in the paid and/or volunteer labor force.
- 11) The State of Colorado along with its partners in the public and private sectors should aid the state educational system in addressing the needs of older Coloradans who want or need additional education and training as a part of remaining in the workforce. Furthermore, the state should work to ensure that the state educational system has the capacity to educate and train a workforce to serve older Coloradans. (2018)
- 12) The State of Colorado along with its partners in the public and private sectors should assist the business community in adopting best practices that attract, retain, and protect older workers who want or need to stay in the workforce. Furthermore, the state should work with the business community to develop programs and best practices addressing existing and future workforce shortages in sectors to serve older Coloradans as they age in their communities. (2018)
- 13) The State of Colorado should ensure that future Talent Pipeline Reports and other related reports/updates include the older worker perspective, examples include:
 - a) Address the reality of our states shifting demographics and highlight the important role of older adults in Colorado's labor market, especially within the context of decreased post-1996 birthrates, the decreasing labor pool, and the fact that older adults in Colorado are inclined to work past the traditional retirement age;
 - b) Include age-stratified data (e.g. 55-64, 65-74, 75-84, 85+ vs. 55+), as well as data related to community college offerings such as certificates and degrees. Data collected and provided in the Talent Pipeline Report and other related reports/updates should be consistent across all ages in order to capture and identify trends across the life course. (2019)
- 14) The State of Colorado should recognize the necessity and plan strategically for decreasing birthrates for those born after 1996 and develop programs, offerings, and supportive services to

ensure that middle-aged and older Coloradans have access to the educational resources and training vital to maintaining a well-trained and highly educated workforce. (2019)

15) In order to support older Coloradans that want to, or need to, remain engaged in the workforce, the State of Colorado, along with partners from business chambers, local governments, and non-profit and private sector organizations should take the following steps:

- a) Create a public awareness campaign around the value and importance of older adults in the workplace as a necessity for current and future generations of older workers and Colorado's economy.
- b) Develop "job profiles" for Colorado in-demand industries with corresponding duties, work history, lived experience, educational attainment, and required skills for entry-level to high-level positions.
- c) Create and expand current programs for matching positions, or liaison positions, through workforce centers to connect businesses and non-profit organizations with older workers of relevant skill sets.
- d) Incentivize the adoption of diversity, equity, and inclusion (DEI) policies that include the hiring of persons aged 50+ in the private and nonprofit sectors, building on the DEI framework that addresses racial, ethnic, and economic disparities. Additionally, state government, local governments, and employers with government contracts should be required to adopt age-inclusive DEI policies.

e) Incentivize (e.g., tax benefits) business owners to hire, train, and retain older workers in Colorado in-demand industries identified within the Talent Pipeline Report and the 2020 Colorado Talent Equity Agenda.

f) Coordinate with Colorado Workforce Development Council, workforce centers, Office of the Future of Work, and other key partners to define digital literacy competencies for employability and identify educational opportunities (e.g., certificate programs, online classes) for older adults across the state.

g) Identify employment opportunities for older adults to move from in-person job responsibilities to remote options and provide training as needed. (2020)

16) In order to ensure a well-trained and robust volunteer workforce that both supports and includes older adults, the State of Colorado, along with partners from business chambers, local governments, and non-profit and private sector organizations should take the following steps:

- a) Identify existing opportunities for remote volunteerism and remote engagement and market those opportunities within organizational networks to address social isolation of older Coloradans.
- b) Develop and implement COVID-19 specific protocols to protect and support volunteers and to expand volunteer opportunities throughout Colorado. (2020)

A Workforce for All: Creating Intergenerational Workplaces

17) The State of Colorado along with non-profit and private sector partners should define, develop, and implement a program to help employers create age-friendly workplaces. Furthermore, employers who receive government contracts should be required to implement age-friendly workplace practices. (2019)

18) The Office of Future Work, within the Colorado Department of Labor and Employment, should focus its work across the life course, clearly exploring the following important topics as it relates to older Coloradans and later life:

- a) Shifting demographics, declining birth rates, and the aging of the labor market.
- b) Proactive efforts to provide access to employerbased retirement savings and health care plans, including Medicare Supplement Insurance (Medigap).
- c) Providing flexible schedules, flexible place, and other flexible employment arrangements. (2019)

19) In order to facilitate intergenerational workplaces and create a workforce for all Coloradans, the State of Colorado, along with partners from business chambers, municipal agencies, and non-profit and private sector organizations should take the following steps:

- a) Identify best-practices and opportunities for implementing mentorships, including the older adult as mentor or mentee, thereby taking

advantage of the multigenerational workforce.

- b) Partner with existing community-based organizations, including the private sector, to develop and implement lifelong intergenerational learning opportunities that promote participation and encourage engagement across age groups. (2020)

Developing a Workforce to Support Older Coloradans

20) Colorado must work to ensure its workforce meets the service needs of its aging population, including nursing homes, assisted living communities, home health agencies, caregivers, and other professionals who support the state's aging population.

Colorado should address the employment and skill development needs of workers who serve older Coloradans. (2016)

21) The state should build on the effective talent development strategies already in place to identify workforce needs and develop career pathways (including those related to aging services), led by the Colorado Workforce Development Council (CWDC). The General Assembly also should identify an entity to advocate for workforce development in industries serving older adults and for services to older workers; that entity should collaborate with the CWDC to utilize existing talent development strategies and infrastructure to ensure Colorado's future workforce meets the needs of older adults.

22) The State of Colorado along with its partners in the public and private sectors should assist the

business community in adopting best practices that attract, retain, and protect older workers who want or need to stay in the workforce. Furthermore, the state should work with the business community to develop programs and best practices addressing existing and future workforce shortages in sectors to serve older Coloradans as they age in their communities. (2016)

23) The State of Colorado should prioritize the development of feasible career ladders from direct care worker positions (e.g., certified nursing assistant) to the allied health professions (e.g., paramedic, occupational therapist) and more traditional healthcare professions (e.g., registered nurse, pharmacist) – linking emerging technologies, training, education, and career support services. (2018)

24) The State of Colorado should identify aging-related worker shortages across the state (e.g., in-home care workers, private/public guardians, geriatricians, paratransit drivers). Based on this analysis, the Governor's Office and General Assembly should assess the feasibility of incentivizing the development or expansion of workers in areas with shortages. This may include, but is not limited to, increased provider reimbursement rates, the development of grants and scholarships, loan forgiveness, and tax incentives. (2019)

25) The State of Colorado should continue to support, develop, and expand a formal training process accompanied by stackable certificates (e.g., dementia-specific training) for direct care workers

which corresponds to increased reimbursement for the provider and a wage increase for the employee. (2019)

26) In order to support a well-trained and skilled workforce to build and maintain the capacity of a wide range of industries serving older Coloradans, the State of Colorado, along with partners from business chambers, local governments, and nonprofit and private sector organizations should take the following steps:

- a) Implement paid or volunteer peer support counseling programs.
- b) Identify best-practices related to support services (e.g., family caregiving support, continuing education) for medical and nonmedical direct care workers. Further, the State should facilitate and incentivize the adoption of identified best-practices in order to recruit and retain both medical and non-medical direct care workers.
- c) Implement wage increases for state-funded medical and non-medical direct care workers in order to address income inequality and economic equity for paid caregivers and service providers, in turn supporting recruitment, retention, and continuity of care.
- d) Develop and implement financial incentives (e.g., student loan forgiveness, stipends, housing vouchers) to encourage geriatric and gerontological specializations for in-demand clinical and non-clinical graduate programs. (2020)

Workforce Development Update on Progress Matrix

Recommendation Goal	Strategies	Initiatives
Support older Coloradans in the workforce.	Develop a talent pipeline that includes older adults and increases workforce opportunities through appropriate access to education and training.	Phil Nash, formerly of Boomers Leading Change (BLC), appointed to Colorado Workforce Development Council (CWDC) in 2018. Relates to recommendations 9 and 21.
		CWDC created an Aging Workforce Taskforce to focus on older Coloradans. Relates to recommendations 9, 10, 14, and 21.
		The Planning Group has coordinated with Katherine Keegan, Director of the Office of the Future of Work, since 2019. Ms. Keegan has participated in several of the Workforce Development Subcommittee meetings because Colorado's shifting demographics are a key component of her work efforts through the Department of Labor and Employment. Relates to recommendation 10, 14, and 18.
		Denver Economic Development and Opportunity Office, Arapahoe Douglas Works, Mesa County, and Jewish Family Services have coordinated with AARP Foundation to offer Back to Work 50+ programming for eligible job seekers. Relates to recommendations 10 and 12.
		AARP launched a contest (closed at the end of September 2020) for entrepreneurs to use towards starting a small business. Relates to recommendations 10 and 12.

Progress and Outcomes

Additional Recommended Strategies to Pursue

Mr. Nash served until September 2021. Kelly Brown, the new director of BLC, was chosen to replace Mr. Nash. BLC business ceased to exist and Ms. Brown left the CWDC. No replacement on CWDC with a 65+ representative.

Contact CWDC to replace Kelly Brown on the CWDC with a 65+ individual.

The Taskforce met quarterly until early 2020 when COVID pandemic started. Taskforce has not reconvened.

Contact CWDC to reconvene the Taskforce with specific goals and timeline for the group.

When the COVID pandemic hit in early 2020, the CDLE and its employees were focused on addressing unemployment issues and with the slow recovery in 2021-2022, their focus turned to deploying ARPA funds to help re-employ Coloradans.

Connect with Katherine Keegan to revisit the Office of the Future of Work target markets and seek input on efforts focused on the mid-career professionals, mature workers, and older adults who are disabled, justice involved and New Americans.

Increases job seeker confidence, skills, and facilitates access to in-demand jobs. Support with resume writing, interview practices, targeted job search and upskilling.

Present at the state Workforce Center Board (all 16 workforce center Directors attend) about adopting and implementing the Back to Work 50+ programming. Connect with each Workforce Center individually to ask to adopt.

Winner was awarded \$5,000 of seed money in 2019.

Workforce Development Update on Progress Matrix (cont.)

Recommendation Goal	Strategies	Initiatives
	<p>Increase the value of older workers as perceived by employers by addressing ageist views in order to support recruitment, hiring, and retainment.</p>	<p>Changing the Narrative's Age-Friendly Workplace Initiative (CTN AFWI) was started in 2019 and convenes with business chambers, other private sector groups, and the CWDC to highlight the value that older Coloradans bring to the workplace. In 2020, they began an effort to certify Colorado businesses as age friendly. Relates to recommendations 17 and 19. Effort continued through 2020, 2021, and 2022 forward.</p>
		<p>The Planning Group has coordinated with researchers from the University of Iowa's School of Public Health on Colorado's Above Fifty Employment (CAFÉ) Strategies Initiative. Relates to recommendations 10, 12, and 15.</p>

Progress and Outcomes

Additional Recommended Strategies to Pursue

Addressing misperceptions and gaining support from private sector about how to recruit and retain older workers.

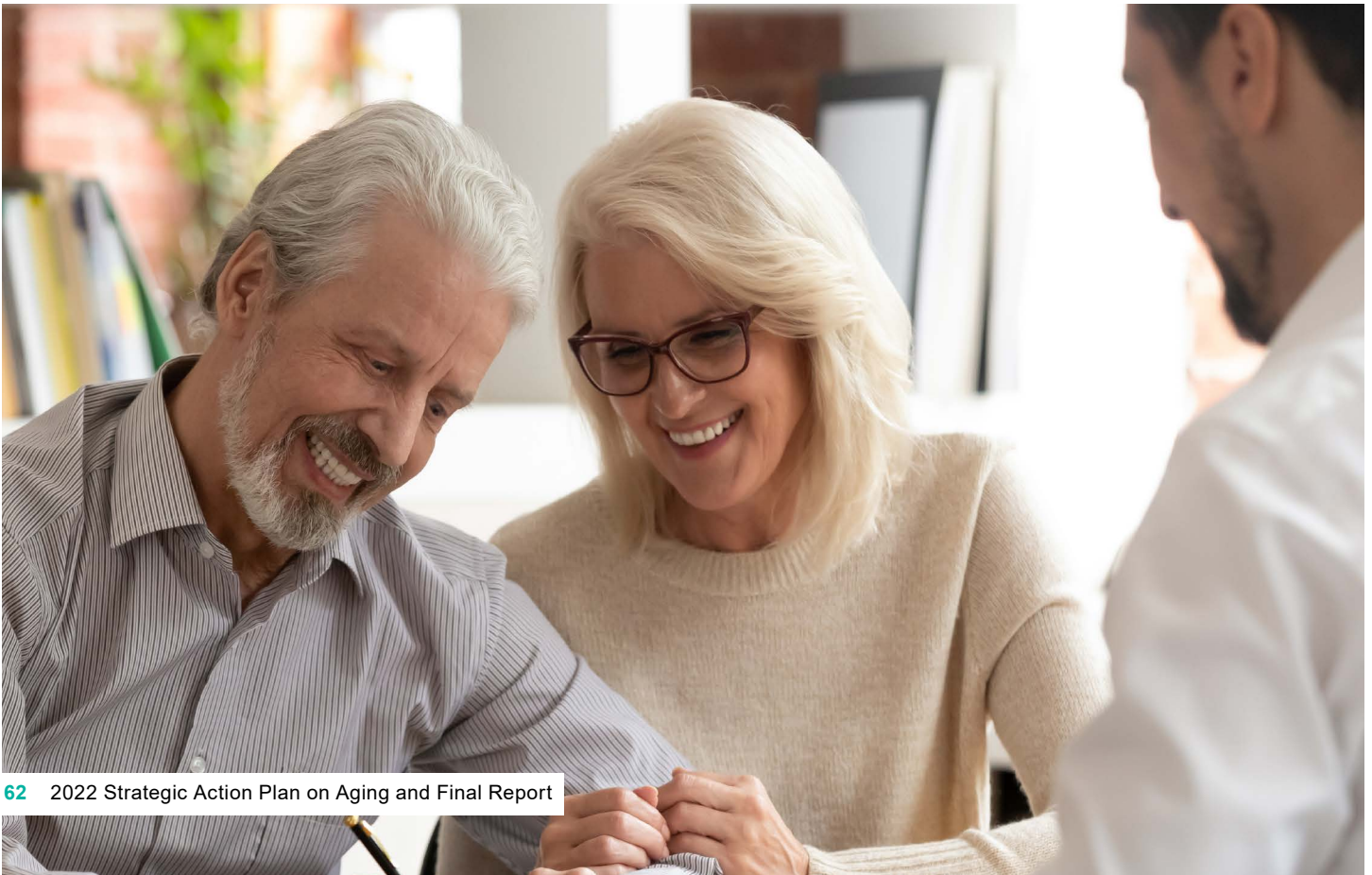
Identifies best practices among Colorado employers for a multi generational workforce. Colorado's Age Friendly Workplaces Conference was held in Denver in February 2020 with support from the Governor's Office, Department of Labor and Employment, and the Office of the Future of Work. The Planning Group participated in the conference.

The CAFÉ was renamed Age Inclusive Management Strategies (AIMS) in 2021. A virtual conference was hosted in June 2021 premiering a new website and pilot which will work directly with Colorado employers to improve recruitment and retention of older adults in the workforce. The Age Inclusive Management Strategies Conference is planned for September 28th, 2022 in Denver to update the progress of the pilot.

Check with CWDC, the Office of the Future of Work, and the CDLE to see if there may be any ARPA or state funding to support this work.

Workforce Development Update on Progress Matrix (cont.)

Recommendation Goal	Strategies	Initiatives
	<p>Modify laws and policies that penalize older adults who choose to work by reducing pension payments if they work past traditional retirement.</p>	<p>HB21-1311 - Income Tax/Tax Fairness was signed into law by Governor Polis on June 23, 2021.</p>
		<p>HB22-1101 - Public Employees' Retirement Association Service Retiree Employment In Rural Schools was signed into law by Governor Polis on March 18, 2022.</p>



Progress and Outcomes

Additional Recommended Strategies to Pursue

Repeals, for social security income earned by individuals who are 65 years of age or older that is included in federal taxable income only, the cap on the deduction for pension and annuity income received. Such income is no longer taxed at the state level reducing a barrier for older adults to continue working.

This bill allows a public employees' retirement association service retiree to work full-time without any reduction in the service retiree's retirement benefits for a rural school district that has a critical shortage of qualified individuals with specific experience, skills or qualifications that the service retiree has.



Retirement Security

27) The General Assembly should take the following steps to increase retirement savings by Coloradans of all ages:

- a) Encourage minimum standards for employers who offer defined contribution retirement plans (such as 401K plans). These standards should emphasize the essential ingredients of vesting, automatic enrollment, automatic investment, and automatic escalation.
- b) Create a public-private partnership to design and offer a workplace retirement saving plan for employees who currently do not have access to one. This plan should be portable and should emphasize the essential ingredients of availability, automatic enrollment, automatic investment, and automatic escalation.
- c) Fully meet the state's obligations to fund the retirement plans of its own employees and to ensure that the Colorado Public Employees' Retirement Association (PERA) remains sustainable over the long term.
- d) Work with the Governor's Office to identify or create a statewide commission or entity with the

authority and capacity to develop and support aggressive financial literacy programs relevant to Coloradans of all ages, locations, and circumstances.

- e) Local government entities should continue to fully meet funding obligations to county, municipal and other public employee retirement plans (e.g., the Fire and Police Pension Association) to ensure that plans remain solvent over the long-term. (2016)

28) The General Assembly should work with the appropriate regulatory agencies to ensure state laws and regulations are adequate to protect consumers, including seniors, from predatory financial practices. In particular, the General Assembly and the Governor should:

- a) Support the U.S. Department of Labor fiduciary rule to protect workers from business practices that cost American families excess fees and charges; and,
- b) Support the Colorado SeniorSafe Program developed by the Colorado Division of Securities and Division of Banking and Financial Services. (2016)



Retirement Security Update on Progress Matrix

Recommendation Goal	Strategies	Initiatives
<p>Increase retirement savings by Coloradans of all ages.</p>	<p>Create a public-private partnership to offer workplace retirement savings plans to private sector employees who lack access to an employer-based plan.</p>	<p>SB20-200 was signed into law by Governor Polis creating the Colorado Secure Savings Program. Relates to recommendation 27b.</p>
		<p>HB22-1029 was introduced to allocate \$303.57 million directly to PERA, to make up for the missed payment in 2020 plus interest. The PERA funding bill passed and was signed by the Governor helping maintain the retirement funds on their desired 30-year window to eliminate the \$31 billion unfunded liability. (Source - CSI Budget Watch - 4/6/22).</p>
	<p>Fully fund Colorado Public Employees Retirement Association.</p>	<p>SB18-200 was signed into law by Governor Hickenlooper with the intent of closing PERA's funding gap over the next 30 years. Relates to recommendation 27c.</p>
	<p>Identify or create a state commission to develop and support aggressive financial literacy programs for all Coloradans.</p>	<p>Governor's office, Treasury Department, and Attorney General's Office formed the Financial Security Coalition to focus on financial literacy and financial fraud. Relates to recommendation 27 (d).</p>
	<p>Improve financial health of the state's residents to better prepare them for financial security in retirement.</p>	<p>SB21-148 created the Financial Empowerment Office and was signed into law by Governor Polis on June 24, 2021.</p>

Progress and Outcomes

Additional Recommended Strategies to Pursue

Progress on implementation of SB 20-200 - Secure Savings Program - includes rulemaking and finalization of rules by July of 2022. The Secure Savings Pilot will launch in October of 2022 with enrollment starting in 2023.

Encourage minimum standards for employers who offer defined contribution retirement plans.

2018 legislation increased the taxpayer's contribution rate to reduce PERA's unfunded liability. In part because the legislature chose to forego its required \$225 million payment in 2020 and because of revisions to the actuarial assumptions, the funding gap has grown.

Financial Security Coalition was unfunded. It formed several sub-committees which met for approximately a year and finalized their work in 2020.

The office was established with the hiring of a director in early 2022 under the direction of the Attorney General's office to improve the financial resilience and financial well being of Coloradans.

Health Care And Wellness

29) The Office of Saving People Money on Health Care, in coordination with Senate Health and Human Services Committee, House Health and Insurance Committee, and House Public Health Care and Human Services Committee should take the following steps in order to improve health outcomes and reduce health care expenditures across the life course and in later life:

- a) Identify opportunities for the investment and expansion of a single, integrated, and statewide information and referral database accessible to community-based, medical, and health insurance providers as well as individual consumers, in doing so, increasing awareness and access to community resources, services, and information.
- b) Prioritize efforts related to the prevention and management of chronic conditions with direct involvement and guidance from geriatric practitioners leading to the widespread implementation of appropriate evidence-based practices.
- c) Identify opportunities for the widespread adoption of Mild Cognitive Impairment and dementia screening in community and medical settings in an effort to support early detection and intervention along with de-stigmatization.
- d) Identify and support the widespread implementation of emerging evidence-based programs, technologies, assessments, and interventions related to, but not limited to, falls prevention, caregiver support, respite care, remote monitoring, and telehealth.

- e) Collaborate with the Colorado Department of Public Health and Environment and local health departments to identify state and national funding opportunities to develop, implement, and maintain an age-friendly public health system in coordination with existing community-based organizations.
- f) Identify best-practices and implement appropriate strategies learned from the Community Aging in Place – Advancing Better Living for Elders (CAPABLE) in-home care program developed by the John Hopkins University School of Nursing and currently operated through the Colorado Visiting Nurse Association related to self-care planning, behavior modification, and keeping older Coloradans in their homes and communities.
- g) Identify best-practices and implement appropriate strategies learned from the Accountable Health Communities pilot projects currently operating in the Denver-metro area by the Denver Regional Council of Governments and in Western Colorado by Rocky Mountain Health Plans related to the importance of social determinants of health and service gaps related to increasing the capacity of community-based providers for Medicare and Medicaid beneficiaries. (2019)

30) The Behavioral Health Task Force, operating through the Colorado Department of Human Services, should consider and explore the following issues as it relates to older Coloradans:

- a) Impacts of the demographic shift on the type and nature of behavioral health care services,

especially as it relates to those currently receiving services (e.g., substance use disorders).

- b) Social isolation, loneliness, and strategies to support social inclusion.
- c) Depression, in general, but also related to grief and bereavement.
- d) Intersection of dementia and behavioral health care diagnosis, including dementia diagnoses among those currently receiving services.
- e) Opportunities for telehealth and telemedicine to serve both rural and homebound older Coloradans.
- f) Suicide. (2019)

31) In order to improve the accountability of health care spending and support community-based providers as care settings continue to shift towards home and community-based services, the Governor's Office, Office of Saving People Money on Health Care, and General Assembly should take the following steps:

- a) Continue to support rate increases for home and community-based service providers to enhance capacity and ensure continued quality, enabling older adults to age in their local communities.
- b) Encourage and support the development of a secure and bi-directional service referral database accessible and mutually beneficial to community-based, medical, and health insurance providers to determine whether or not individuals are receiving referred services, evaluate community-based provider capacity, and identify referral trends.
- c) Identify and implement strategies that support reimbursement to community-based

organizations for services in order to expand community-based provider capacity to meet demand for referrals from medical and health insurance providers. (2019)

32) In order to maintain and increase the provision of a variety of long-term services and supports, encourage aging in community, and delay utilization of Medicaid services, the following steps should be taken to bolster regional Area Agencies on Aging and other community-based provider organizations:

- a) The Governor's Office and the General Assembly should prioritize funding through State Funding for Senior Services and identify additional state-level funding opportunities beyond General Fund revenue.
- b) The Colorado Department of Human Services, State Unit on Aging, regional Area Agencies on Aging, local governments, and service providers, should evaluate innovative opportunities (e.g., Medicare Advantage expansion, State Innovation Waivers) and additional funding streams (e.g., private insurance, fee-for-service options) in response to shifting demographics, growing demand for services, and limited availability of state and federal resources to address funding gaps. (2019)

33) The State of Colorado should coordinate with residential long-term care partners in the private and nonprofit sectors to support these settings with care provision for individuals with both complex behavioral and physical health diagnoses. Further, the yet to be implemented pilot program authorized

under HB19-1160 to evaluate an alternate care setting for these individuals should be considered a priority within the Department of Public Health and Environment and the Department of Health Care Policy and Financing and steps should be taken towards implementation and evaluation. (2020)

34) In order to improve health outcomes, reduce health care expenditures, and support the provision of long-term services and supports across the life course and in later life, the State of Colorado should take the following steps:

- a) Support the delivery and reimbursement of digitally delivered long-term services and supports and caregiver supports with additional funding and flexible policy. This includes, COVID-19-specific approaches such as the use of digital assistance, devices, and technology supports.
- b) Coordinate with private sector and community-based organizations to identify funding to blend with state dollars for an actuarial study examining the feasibility of a public long-term care insurance benefit funded through a payroll deduction that provides a dollar-limited benefit to assist with the costs associated with the full continuum of long-term services and supports.
- c) Collaborate with health insurance companies, health care providers/health systems, and community-based organizations to blend state,

private sector, and/or grant funding to implement and evaluate a Wellness Fund demonstration in an urban and rural community.

- d) Prioritize funding for family caregiver support programs and strategic investments in high-use populations (e.g., persons living with dementia) in order to reduce caregiver burden and delay nursing home placement.
- e) Identify new, and support existing, nontraditional, proactive opportunities for advance care planning in order to ensure that individuals receive a level of medical care consistent with their personal wishes in case they lack decision making capacity. This effort should consider and evaluate the inclusion of the following forms: Medical Durable Power of Attorney, CPR Directive, Medical Orders for Scope of Treatment, and Five Wishes. Additional steps should be taken to improve the accessibility of these documents and increase utilization of the Advance Directive Database authorized by SB19-073.
- f) f) Coordinate with health insurance and medical providers to address barriers to reimbursement and identify opportunities that support and incentivize early referrals to palliative care interdisciplinary teams. (2020)



Health Care and Wellness Update on Progress Matrix

Recommendation Goal	Strategies	Initiatives
<p>Improve health outcomes and lower health care costs.</p>	<p>Develop and implement age-friendly public health efforts.</p>	<p>Governor's Aging Advisor coordinated with Department of Public Health and Environment and Trust for America's Health to move forward with age-friendly public health initiative. Relates to recommendation 29 e.</p>
	<p>Expand and build upon Accountable Health Communities work efforts (AHC).</p>	<p>AHC work in Denver and on the Western Slope has evolved to pursue efforts related to strategic funding for community-based organizations through Wellness Funds. Relates to recommendations 27 g and 34 c.</p>
<p>Improve behavioral health planning and access for older Coloradans.</p>	<p>Encourage the Behavior Health Task Force (BHTF) and other state-level groups to focus on aging and older adult issues.</p>	<p>Planning Group representatives presented to the BHTF on their recommendation and desire to see the group focus on older adults. Relates to recommendation 30.</p>
		<p>Behavioral health unit within the State Emergency Operations (EOC) identified older adults as significantly at-risk amid COVID-19. Relates to recommendation 30.</p>

Progress and Outcomes

Additional Recommended Strategies to Pursue

Work continues with efforts to secure small grant to support work. Analysis of CDPHE work shows that criteria for Age Friendly Public Health Initiative (AFPH) are being followed in Colorado - though the state is not yet officially designated as an AFPH state.

Develop a unified information and referral database accessible to providers and consumers; include geriatricians in state and community-level efforts to address chronic disease prevention and management; identify opportunities for early, or mild cognitive impairment screening; implement and pilot emerging evidence based programs. Develop community profiles of aging health parameters per county (similar to Massachusetts - <https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/community-profiles/>). The profiles could be broadened to cover all aging topics.

Wellness Fund efforts are early on in process and the work efforts remain in place by AHC managers at the Denver Regional Council of Governments and Rocky Mountain Health Plans.

Older adults are included as marginalized population in the final report released in September of 2020.

Explore the intersection of dementia and behavioral health needs.

State EOC Applied for Crisis Counseling Program grant through FEMA in coordination with local providers, many of which include Senior Care Specialists.

Health Care and Wellness Update on Progress Matrix (cont.)

Recommendation Goal	Strategies	Initiatives
<p>Improve accountability of health care spending and support community-based providers.</p>	<p>Support rate reimbursements and wage increases for direct care workers.</p>	<p>SB19-238 Signed into law by Governor Polis in 2019. Relates to recommendation 31 a.</p>
	<p>Support additional State Funding for Senior Services and identify funding opportunities beyond General Fund.</p>	<p>Denver Regional Council of Governments (DRCOG) has begun convening stakeholders, legislators, and legislative staff to explore funding increases for Area Agencies on Aging through the State Funding for Senior Services line item. Relate to recommendation 32 a.</p>
	<p>Support service/referral models that incentivize providing services and help community-based organizations meet referral demand.</p>	<p>DRCOG led discussions with the Governor's Office over concerns about increased referrals to community based providers and lacking funding to provide services and/or increase service capacity. Relates to recommendations 31 c and 32 b.</p>

Progress and Outcomes

Additional Recommended Strategies to Pursue

Department of Health Care Policy and Financing and the Department of Public Health and Environment direct to establish a process for reviewing and enforcing initial and ongoing training requirements for home care workers and rate reimbursement increases.

Additional rate and wage increases for medical and non-medical service providers; develop an accessible database that tracks referrals and received and not received services; identify new funding sources for Area Agencies on Aging.

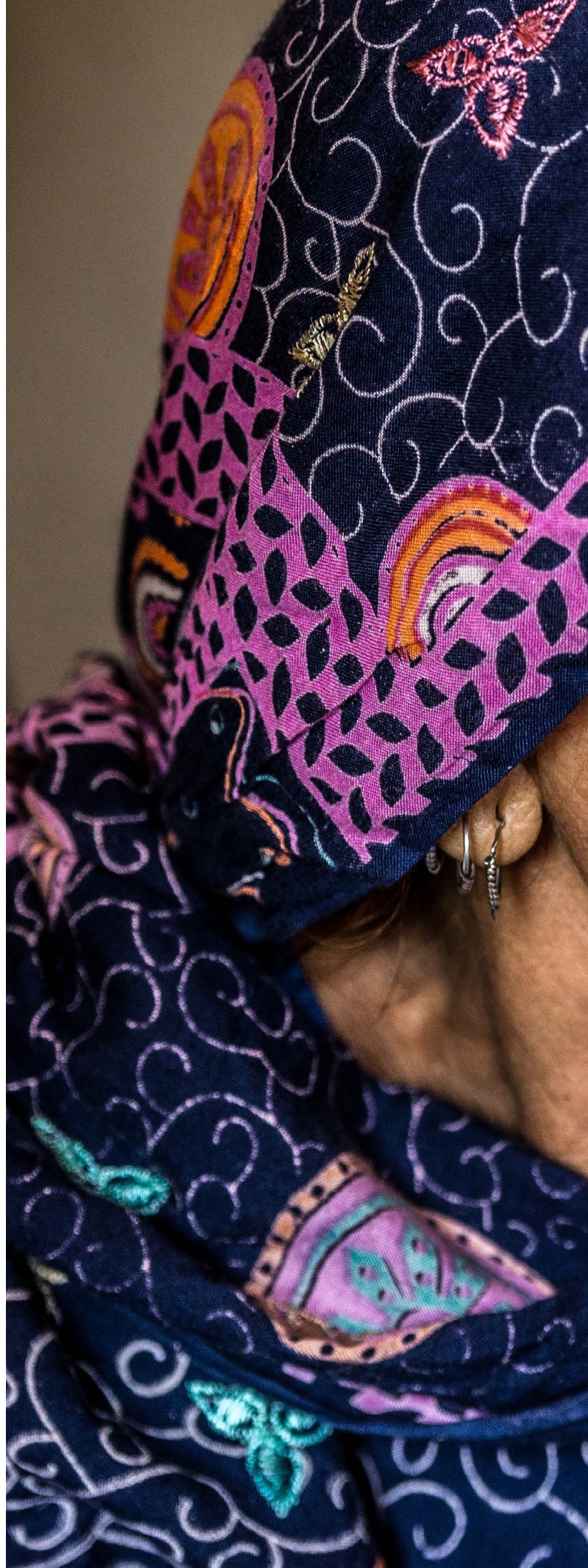
In 2021, the Joint Budget Committee approved a wage hike scheduled to go into effect on January 1, 2022. Wage increase applied to direct care workers funded with any state dollars working in-home and community-based settings will earn a minimum wage of \$15 per hour.

Senate Bill 21-290, Security For Colorado Seniors, allocates \$15 million from the general fund to establish the Area Agency on Aging grant program for programs providing assistance to older Coloradans. SB22-185 renames the area agency on aging grant program to the strategic investments in aging grant program. The grant program administers state assistance to finance projects across the state that are intended to assist and support older Coloradans.

Elder Abuse And Mistreatment

35) To ensure older adults are free from abuse, neglect, and exploitation, Colorado should take the following steps:

- a) Ensure quality, effective Adult Protective Services (APS) are available and provided to all vulnerable adults in Colorado.
- b) Implement key recommendations from the Office of Public Guardianship Advisory Committee (PGAC), including establishing a State Office of Guardianship.
- c) Support programs to raise awareness and train law enforcement personnel, district attorneys, service providers, caregivers, and other key audiences in how to identify and prevent elder abuse. (2016)





Elder Abuse Update on Progress Matrix

Recommendation Goal	Strategies	Initiatives
<p>Protect older Coloradans from mistreatment, abuse, neglect and exploitation.</p>	<p>Ensure Adult Protective Services (APS) are available and provided to at-risk older adults.</p>	<p>Efforts are underway within the Department of Human Services to increase the prevention of mistreatment and take a more proactive approach. Relates to recommendation 35 a.</p>
	<p>Implement recommendations from the Office of Public Guardianship Advisory Committee.</p>	<p>HB17-1087, authorizing Office of Public Guardianship pilot program, was passed in 2017. Relates to recommendation 35 b.</p>
		<p>HB19-1045, revised the statutory requirements in HB17-1087 and made an appropriation to implement the Office of Public Guardianship pilot program. Relates to recommendation 35 b.</p>
		<p>In 2022, the Office of Public Guardianship sought to expand its programming to cover the 7th and 16th Judicial Districts. Despite considerable controversy over the deaths of 14 people who had guardianships through the office, the Joint Budget Committee voted in favor of expanded funding in the amount an extra \$770,000 to hire additional guardians and expand operations to La Junta and Montrose.</p>
	<p>Raise awareness and train law enforcement, district attorneys, service providers, and caregivers in how to identify and prevent elder abuse.</p>	<p>Colorado Attorney General's Office has increased efforts to train law enforcement about how to handle elder abuse and exploitation. Relates to recommendation 35 c.</p>

Progress and Outcomes

Additional Recommended Strategies to Pursue

Efforts are early on in the process and still in the planning stages.

Establish a permanent State Office for Guardianship to cover the entire state of Colorado; provide Long-Term Care liaisons to address redetermination of Medicaid.

Pilot program was unfunded and directed to secure gifts, grants, and donations. The Commission responsible for oversight was unable to secure enough funds to implement.

Appropriation was insufficiently to implement pilot program in the 2nd Judicial District (i.e., Denver County). Additional funding for implementation in the 7th and 16th Judicial Districts is not currently available.

The Governor's Office, Attorney General's Office and the Treasury Department have collaborated on these issues under AG Coffman and Governor Hickenlooper as well as Ag Weiser and Governor Polis.

Elder Abuse Update on Progress Matrix (cont.)

Recommendation Goal	Strategies	Initiatives
	Prevent financial fraud and financial exploitation.	Governor's Office, Treasury Department, and Attorney General's Office formed the Financial Security Coalition. Relates to recommendations 35 a and c.



Progress and Outcomes

Additional Recommended Strategies to Pursue

Financial Security Coalition remains unfunded and current efforts unclear.



Family Caregiving

36) To provide support to the growing number of Colorado workers who are also caregivers for aging loved ones, the General Assembly and Governor should take these concrete steps:

- a) Establish family leave policies that set standards for compensating employees who are caring for aging family members. This might include a Temporary Caregiver Insurance Program through employee payroll deductions, such as those in California, New Jersey, and Rhode Island.
- b) Create and promote a partnership among state and local governments, employer groups and educational institutions to identify and promote best practices for educating and supporting employees who are also caregivers.
- c) Fully fund the recommendations made by the Respite Care Task Force in their January 2016 report. (2016)





Family Caregiving Update on Progress Matrix

Recommendation Goal	Strategies	Initiatives
---------------------	------------	-------------

Support family caregivers with expanded access to services and resources that reduce stress, support wellness, and allow for them to provide care for aging Coloradans.

Develop statewide family caregiver support policies.

Legislative family medical leave insurance efforts have been underway since 2017. Relates to recommendation 36 a.

The Governor's Office has made efforts to extend 8 weeks of paid family leave to state employees. Relates to recommendations 36 a.

The State Unit on Aging coordinated with Easterseals and University of Denver to pilot the TCARE program in Colorado. Relates to recommendation 29 d and 34 d.



Progress and Outcomes

On the 2020 ballot, Proposition 118 passed establishing a wide-ranging insurance program covering paid family and medical leave for workers. Starting January 1, 2024, eligible Colorado workers will have access to as many as 12 weeks of paid leave per year. An employee becomes eligible to use the benefits after earning \$2,500 in wages subject to the insurance premium

Executive-level efforts have been voted down by the Joint Budget Committee due to General Fund impact and the desire to work on a statewide benefit available to private sector employees.

The program was found too difficult to use and did not end up with enough data to analyze impacts.

Additional Recommended Strategies to Pursue

Create a partnership among state and local governments, employer groups, and educational institutions to identify and promote best practices for education and support employees who are caregivers; fully fund the Respite Care Taskforce recommendations; expand funding for family caregiver support programs.

Review the progress TCARE has made since the work was done in 2018 in Colorado. TCARE has grown and is working with many Area Agencies on Aging, insurance programs, state programs, and other organizations supporting both paid and non-paid caregivers.



Mobility, Transportation And Built Design

- 37) Support efforts to create a Universal Design Certification program to encourage the inclusion of universal design elements in new and remodeled housing for seniors, such as the one within the Colorado State University Institute for the Built Environment. This should include adequate resources for piloting this Universal Design Certification process with the Partnership for Age Friendly Communities in Larimer County and to share and promote the lessons of that pilot program with communities throughout Colorado. (2016)
- 38) Support the Colorado Department of Transportation's (CDOT) State Coordinating Council in coordinating among the wide range of programs that help serve the transportation needs of Colorado's aging population. The Council should be charged with making specific regulatory, legislative and funding recommendations to improve the reach, effectiveness and efficiency of existing programs. (2016)
- 39) Utilize the CDOT State Coordinating Council and regional councils to help seniors access tools and training to remain safe on the road, such as AARP Driver Safety Courses, the Manual on Uniform Traffic Control Devices, the Car Fit Program, the Colorado Guide for Aging Drivers and Their Families, and the 2015 Strategic Highway Safety Program. (2016)
- 40) The State of Colorado, in collaboration with partners delivering transportation services to older adults, should ensure that existing state and federal dollars for transportation for the older population are maximized and used most effectively and efficiently. (2018)
- 41) The State of Colorado, along with its aging-related transportation partners and work groups, local governments and the private sector should pursue and publicly document innovative partnerships to expand funding streams and ridership opportunities for older adults (leveraging existing funding streams and mechanisms). (2018)
- 42) The State of Colorado, along with its aging-related transportation partners and work groups, as well as aging-related stakeholders should ensure that any new transportation legislation will provide additional funding to enhance transportation funding for older adults to a level equal to growing needs with an emphasis toward focusing on mobility as a service. (2018)
- 43) The State of Colorado, along with its aging-related transportation partners and work groups, as well as aging-related stakeholders should research the challenges and opportunities for autonomous and connected driving vehicles for Colorado's aging population. Assess whether there are "requirements" to meet the needs of the aging population for ADA compliance. Such research would yield guidelines and parameters to improve the experience, ensure safety, and promote adoption for older Coloradans. (2018)

44) The forthcoming 2020 Colorado Department of Transportation's Statewide Transportation Plan and ongoing planning processes should clearly reference our state's shifting demographics and focus on improving and supporting mobility for older Coloradans through programming and project funding. (2019)

45) In order to support mobility for older Coloradans, local governments, regional transit/paratransit providers, ride sharing organizations, and their private and public sectors partners should take the following steps:

- a) Identify funding opportunities and implement a targeted outreach and education campaign focused on older Coloradans in an effort to increase awareness of available services.
- b) Create and support programming, either through employment or volunteerism, at established public centers (e.g., libraries, recreation centers, community colleges) focusing on available transit/paratransit options and ridesharing to support adoption and utilization of services.
- c) Recruit and train mobility ambassadors, either through employment or volunteerism, to support navigation assistance, increase familiarity, and support adoption of available services among older Coloradans. (2019)

46) The State of Colorado, along with transit/paratransit providers, health insurance providers, and medical providers, should take the following steps to the address impacts and costs associated with end stage renal disease and kidney dialysis treatment:

- a) Explore the feasibility and, if needed, statutory and/or rule changes related to cost sharing between transportation, medical services, and health insurance providers.
- b) Evaluate and consider best practices around the country related to utilizing mobility managers and nephrology social workers coordinating trips for patients.
- c) Examine the feasibility, and if needed, statutory and/or rule changes related to supporting and expanding home-based options when deemed safe by medical providers. (2019)

47) In order to support current transportation provider capacity, increase trip frequency, and expand services areas across rural regions, the State of Colorado, along with local/regional planning agencies, local elected officials, and aging-related transportation providers should take the following steps:

- a) Analyze potential impacts of directing Community Services Block Grant and/or Social Services Block Grant funding to support the adoption or expansion of services across rural regions of the state.
- b) Identify opportunities to incentivize collaborative partnerships between Colorado's five Metropolitan Planning Organization's with surrounding rural counties to support regionally interconnected transportation systems.
- c) Evaluate regional feasibility and, if appropriate, identify funding opportunities for the implementation of consumer-directed and/or consumer-choice transportation voucher programs.

- d) Identify opportunities for counties and municipalities to coordinate with transportation network companies (e.g., Lyft) to fill existing gaps in service provision.
 - e) Coordinate with county and municipal leaders to depoliticize transportation services and encourage the adoption or expansion of services across rural regions of the state.
 - f) Identify sustainable opportunities to establish Regional Coordinating Councils and corresponding Local Coordinating Councils to support local transportation coordination. Additionally, explore various funding opportunities (e.g., FTA 5310 grants, vehicle registration fees) for mobility managers to coordinate and sustain long-term regional and local efforts. (2020)
- 48) In order to identify and evaluate barriers, strengths, and fiscal issues for rural transit providers as a result of COVID-19, the General Assembly's House and Senate Transportation Committee's should coordinate with the Colorado Association of Transit Agencies (CASTA) and, in particular, rural transportation providers to provide annual updates, beginning with the 2021 legislative session. (2020)
- 49) In order to evaluate the implementation of the statewide non-emergency medical transportation (NEMT) brokerage expansion and its impacts on local transportation providers and riders, the Governor's Office and General Assembly, led by the House and Senate Transportation Committees, should coordinate with the Legislative Audit Committee and the Office of the State Auditor to conduct a performance review of the NEMT benefit available through Health First Colorado. (2020)



Transportation and Mobility Update on Progress Matrix

Recommendation Goal	Strategies	Initiatives
<p>Support mobility and access to transportation for older Coloradans.</p>	<p>Encourage intentional state-level programming and planning.</p>	<p>Ensure demographic change integrated into the Colorado Department of Transportation (CDOT) strategic planning. Relates to recommendation 44.</p>
	<p>Ensure efficient and effective spending of state and federal dollars for improved coordination and access to services.</p>	<p>Transportation Improvement Program partnership with CDOT and DRCOG. Relates to recommendations 40 and 41.</p>
		<p>CDOT continues to effectively administer FTA 5310 grants. Relates to recommendations 40, 41 and 44.</p>
		<p>Colorado Mobility Action Coalition (CMAC) is a partnership of staff from CDOT, local providers, and the Colorado Association of Transit Agencies. Relates to recommendations 40, 41 and 45.</p>
		<p>Expand and increase supports for local transportation coordination through mobility management. Relates to recommendations 40, 41, 45 and 47 f.</p>

Progress and Outcomes

Additional Recommended Strategies to Pursue

Forthcoming 2045 Statewide Transportation Plan and Regional Transportation Plan's contain clear reference to shifting demographics at the state and county levels. CDOT continues to conduct the Older Adults and Adults with Disabilities Survey to inform statewide and local planning.

Expand safe driving programs; identify, document and distribute innovative funding and service opportunities; identify opportunities for integration and adoption of autonomous vehicle technologies.

CDOT and DRCOG collaboration around Transportation Improvement Program dollars supports local transit providers with matching funds for Federal Transit Administration (FTA) grants.

Supports local transit agencies with administrative support and provides funding dedicated to improving mobility for older adults and persons with disabilities.

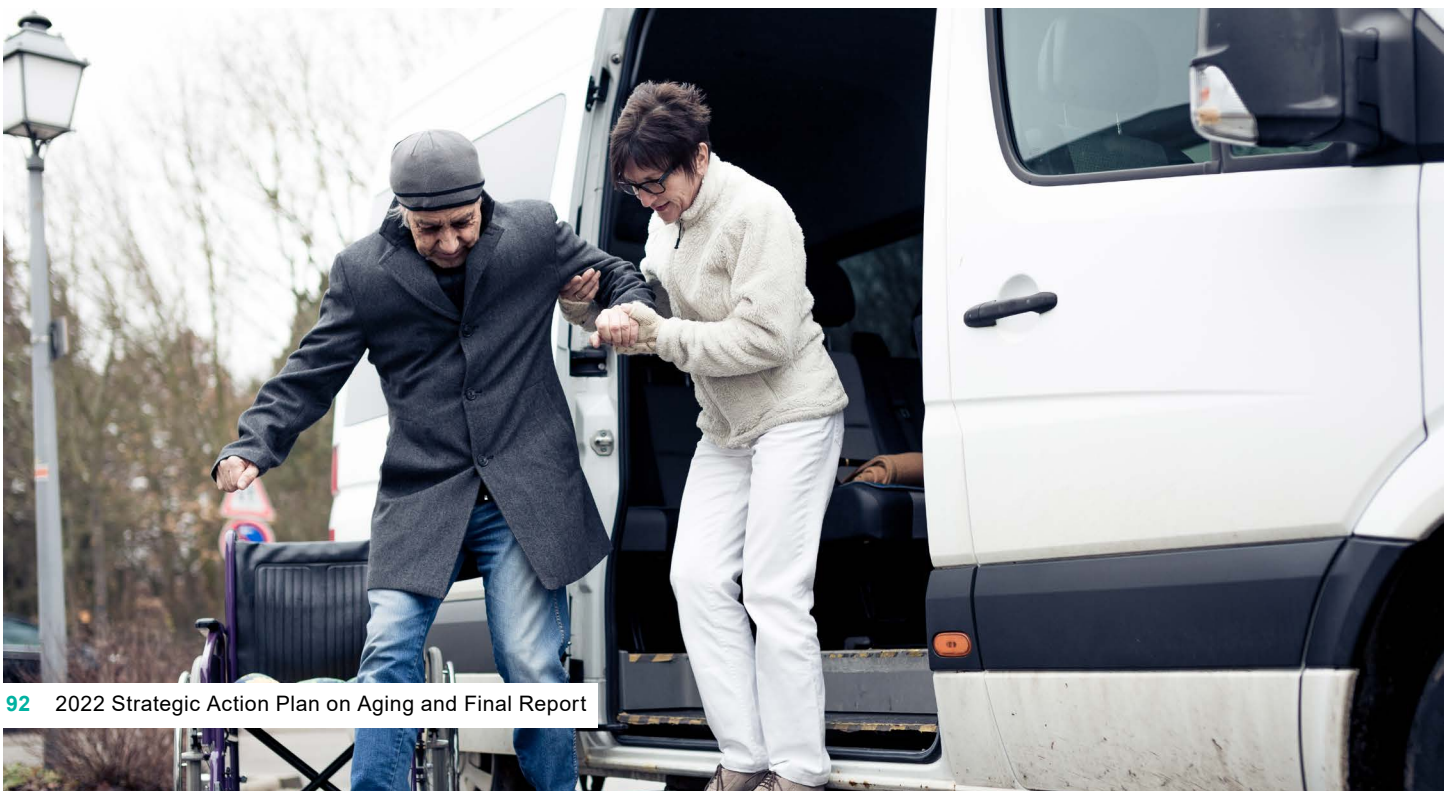
CMAC provides an effective support network for Coloradans who work in transportation coordination and mobility management. CMAC is partnering with federal leaders to identify mobility management cost sharing examples across the U.S.

Mobility management and rural mobility management efforts allow for local governments, transit providers, and other community-based organizations (e.g., Area Agency on Aging) to coordinate and collaborate on service provisions.

Transportation and Mobility Update on Progress Matrix (cont.)

Recommendation Goal	Strategies	Initiatives
		<p>Consumer-directed and consumer -choice voucher programs. Relates to recommendations 40, 41 and 47 c.</p>
		<p>Colorado Mobility Action Coalition (CMAC) is a partnership of staff from CDOT, local providers, and the Colorado Association of Transit Agencies. Relates to recommendations 40, 41 and 45.</p>
		<p>HB22-1139 - Driver's License Electronic Renewal By Seniors signed by Governor Polis on May 24, 2021.</p>

SB21-187, Dialysis Treatment Transportation Funding, creates a mileage reimbursement program to finance transportation to and from dialysis treatments for patients over the age of 50 who are not Medicaid clients. The bill failed.



Progress and Outcomes

Successful voucher programs around the state have led to additional support by Department of Human Services for implementation by regional Area Agencies on Aging.

Additional Recommended Strategies to Pursue

Facilitates the renewal of drivers' licenses by mail and by electronic means, the renewal of identification cards by electronic means, the renewal of drivers' licenses and identification cards by older individuals and more.

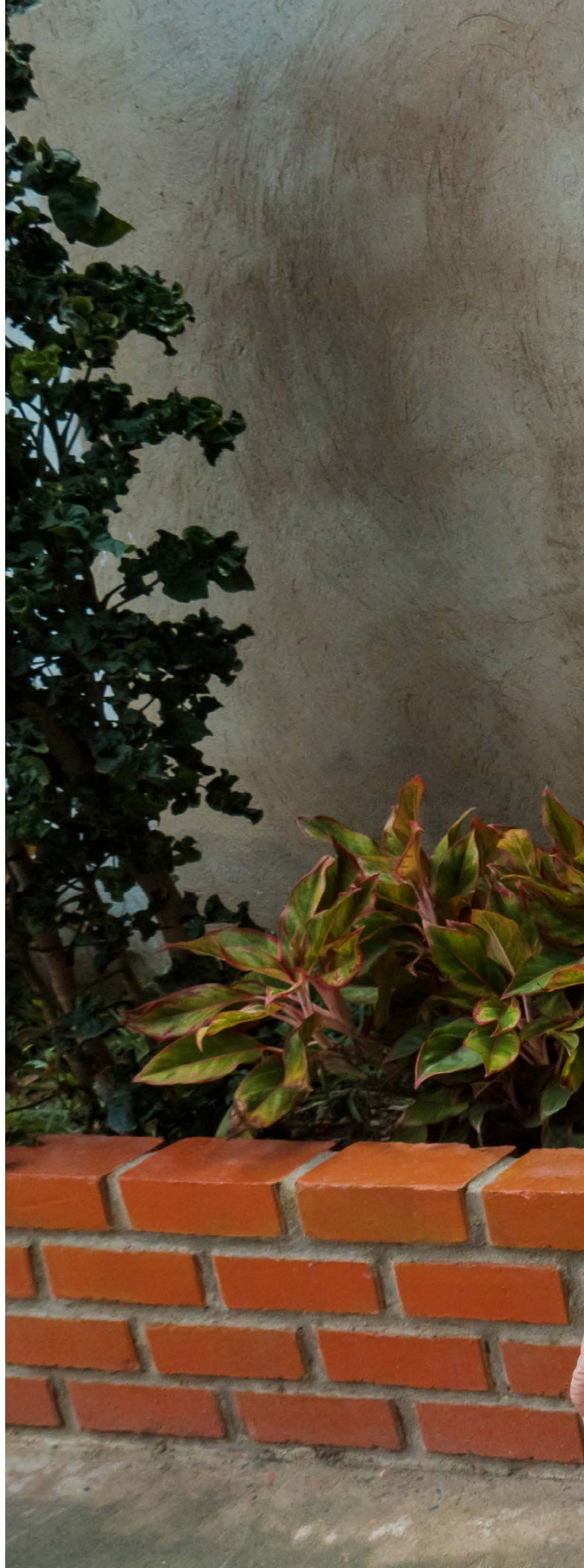


Housing

- 50) The State of Colorado, in partnership with the private sector and local governments, should ensure a supply of affordable, accessible, and manageable housing to meet the needs of older Coloradans. (2016)

- 51) To improve the understanding of options that exist for senior living, the State of Colorado, along with the private and non-profit sectors, should create/ and or enhance access to information on living options for older adults. (2016)

- 52) The State of Colorado, along with other senior housing experts, should further assess and analyze existing affordable, accessible, safe, and manageable housing stock for older adults. (2016)





Housing Update on Progress Matrix

Recommendation Goal	Strategies	Initiatives
<p>Ensure older Coloradans will have access to safe, affordable, and accessible housing.</p>	<p>Expand funding for in-home modifications.</p>	<p>HB18-1267 signed into law by Governor Hickenlooper. Relates to recommendations 50 and 52.</p>
	<p>Support zoning that allows for Accessory Dwelling Units.</p>	<p>An increasing number of cities/towns in Colorado allows for ADUs such as: Montrose, Colorado Springs, Golden, Boulder, Denver, and Trinidad. Relates to recommendation 50 and 51.</p>
	<p>Support funding for accessible housing stock.</p>	<p>City of La Junta voted to create a special health district to fund the construction of a new skilled nursing residence in 2016 through a one percent sales tax increase. Relates to recommendation 50.</p>
		<p>HB19-1245 signed into law by Governor Polis. Relates to recommendation 50.</p>
		<p>HB22-1287 - Protections for Mobile Home Park Residents signed into law by Governor Polis on May 26, 2022.</p>
		<p>SB22-160 - Loan Program Resident-Owned Communities signed into law by Governor Polis on May 17, 2022.</p>

Progress and Outcomes

Additional Recommended Strategies to Pursue

Creates a state income tax credit up to \$5,000 for in-home modifications for eligible individuals.

Housing options and availability for older Coloradans should be made available at a regional/county-level; tiered rates for assisted living; convert empty building spaces into intergenerational living spaces; support Universal Design building.

Allows for the building of Accessory Dwelling Units within the defined area and after the application has been approved.

An architect has been chosen and efforts to move forward towards construction.

While not specific to older adults, the bill directs sales taxes attributable to vendor fee changes to the housing development grant fund.

While not specific to older adults, mobile homes are a significant source of affordable housing in which many older Coloradans reside. This bill provides protections to mobile home park residents through modifications to the Mobile Home Park Act and the Mobile Home Park Act Dispute Resolution and Enforcement Program. Protections include expanded opportunities for residents to stay in their communities when the park goes up for sale and provisions allowing for relocation costs for mobile home owners or fair market value home purchase if the park owner changes use of the park land.

The bill creates loan and grant programs to support mobile home owners in purchasing their mobile home parks, to help enable residents to remain in their communities.

2021 and 2022 Recommendations with New Matrix

COVID And Pandemic Related Recommendations (2021)

Steps must be taken to ensure that government and our public institutions are better equipped to respond to a future public health emergency and effectively meet the needs of older adults. The health and wellbeing of older adults deserves additional attention during the state's recovery efforts, and funding needs to be channeled toward mitigating the disproportionate impacts on older Coloradans and addressing the inadequacies in our service delivery system that were exposed by the pandemic.

To that end and building upon past recommendations in the 2020 SAPGA report, SAPGA makes the following recommendations to guide the state's response to the COVID-19 pandemic and recovery efforts in a manner that addresses the specific needs and protects the health and well-being of older Coloradans.

Public Health Systems - Impacts & Considerations

- SAPGA recommends that the state conduct an in-depth analysis to examine the ways that older adults were impacted by the COVID-19 pandemic so that our public health system and emergency response can be improved to meet current needs and ensure that we are prepared for future emergencies. Housed within CDPHE and in coordination with the State Emergency Operations Center, this analysis should include comprehensive data collection specific to older

adults and a rigorous retrospective assessment of the government and public systems response by a blue-ribbon panel.

- SAPGA recommends the state ensure universal access for the use of technology-based services (including telemedicine) available to older adults and practitioners through increased access to affordable broadband and access to devices and data plans. This includes investments in last-mile connectivity for older Coloradans, adult day/senior centers, and long-term care facilities. Last mile connectivity includes:
 - Physical cable and/or wifi/5G infrastructure;
 - Technology purchases including laptops, tablets, and smartphones;
 - Support for data plans for low-income populations, many of whom only have a landline or flip phone; and
 - Training, coaching, and other supports to ensure that older Coloradans can access and utilize technology including telehealth, virtual communications, and platforms to address social isolation and mental health.
- The state should adhere to current CDC and FDA guidelines related to COVID protocols, including, but not limited to, vaccination, masking, and social distancing. Particular attention should be given to ensuring that older Coloradans have priority access to any recommended booster vaccination and that care staff interacting and engaging with older Coloradans are fully vaccinated and practicing recommended masking guidance.
- The only way to ensure older Coloradans and all Coloradans are protected from this and future pandemics is to ensure that best practice in public

health guides our state's policy. To this end the state should begin treating COVID vaccination in the same way that the state treats all other major infectious diseases (such as polio and measles). This would include requiring vaccinations, monitoring ongoing immunization, and requiring proof of vaccination.

- SAPGA recommends prioritizing efforts to achieve a higher rate of first vaccinations in marginalized and minority populations. Particular attention needs to be paid to Colorado's Latinx population, who make up 20% of the entire state. Efforts in this area include, but are not limited to, targeted outreach; training community leaders to assist in community education and community-based vaccination efforts; vaccine accessibility through the use of mobile or pop-up clinics located near public transportation and available outside standard business hours; ensuring communities have access to science-based, medically-accurate information relating to vaccinations; ensuring language accessibility in information shared with specific communities; and ongoing efforts to identify and address other barriers to vaccination within specific communities. As part of this effort, SAPGA recommends that the General Assembly pass legislation making it a crime to intimidate or interfere with someone at a place where vaccines are administered.
- SAPGA recommends the state develop a communications toolkit to facilitate sharing of credible information, to promote confidence in our public health system, and to combat inaccurate political information, with tailored communication and messaging designed to

improve outreach to minority populations. This should include a dedicated website and other vehicles for communicating general information, agency referrals, and information to educate older adults on issues and resources that directly affect them.

- The state should mandate vaccination of children against COVID upon the emergency use authorization for the first vaccines. This aligns with current requirements of other infectious diseases and provides protection for older adults in multi-generational households.
- The state should invest in a long-term public education campaign to promote strong public buy-in to the public health guidance of vaccination, masking, and social distancing necessary for this and future pandemics. The state also should invest in a long-term strategy of public health messaging related to pandemic preparedness.
- SAPGA recommends fortifying communications between CDPHE and county public health systems on community living standards for detecting, tracing, and containing the spread of highly infectious diseases, and guidance on how county and local government should execute safety protocols. This includes clear state guidelines for facility access by ombudsman and adult protective services and providing rehabilitation stay for COVID patients. Funding should be allocated to support coordination between CDPHE and county/local health departments.
- SAPGA recommends an assessment of what improvements in public health education programs and campaigns are necessary

to increase acceptance of science-based recommendations. The state should explore strategies and tactics to combat mis-information in all sources of media (including social media). These approaches should be built into an ongoing campaign of pandemic preparedness in general, COVID preparedness specifically, and all areas of public health.

Social Isolation & Impacts

- SAPGA recommends funding to support continuation/expansion of the UCH COAST-IT (Connecting Older Adults to Students through Interprofessional Telecare) program and other programs that support homebound older adults in need of social support and connection.
- The state, along with other key stakeholders, should invest in multi-generational matching programs to link younger Coloradans with older homebound Coloradans. These programs can be in person (provided all parties are in full compliance with CDC/FDA guidance) or virtual (e.g. UCH COAST-IT program).
- The state should encourage and facilitate full family vaccination for older adults in congregate care to facilitate family engagement and mitigate social isolation.

Clinical Impacts & ICU/Systems Response

- Increase Medical Providers for Older Adults through implementation and expansion of SB21-158. During the 2021 legislative session, SB21-158 was introduced and passed. The bill allows geriatric advanced practice providers, defined as

advanced practice registered nurses and physician assistants with geriatric training or experience, to participate in the loan repayment program on the condition of committing to provide geriatric care to older adults in health professional shortage areas for a specified period. A total of \$400,000 was committed to support the program in the coming year via HB22-1329, for one year only. SAPGA recommends the state make this program an annual budget line item. SAPGA further recommends that the state expand this program through the fiscal year 2025-2026 with a total additional funding of \$1,200,000, training around six people annually.

- It is important to note that while implementation of this recommendation is a good starting point, ongoing efforts to encourage and support geriatric specialization will be needed as the population of older Coloradans increases and our need for more providers must keep pace. In past recommendations SAPGA has previously recommended various financial incentives to encourage geriatric specialization.
- SAPGA recommends requiring vaccinations for anyone working in medical, caregiving, or senior facilities, as well as anyone providing in-home medical or home health care.
- SAPGA recommends enhanced communication coordination and treatment protocol sharing between Colorado ICU/Health Systems.
- SAPGA recommends a review of the policies and applications of necessary diversion protocols when health care facilities have exceeded ICU or inpatient capacity in particular geographic areas.

AAAs & Local Government Role & Response

- SAPGA recommends that the state work to ensure that senior care providers throughout Colorado have the resources they need to resume (or expand) services essential to the health and well-being of older adults including, but not limited to, wellness services (i.e. evidence-based disease prevention and health promotion services), food services, legal services, transportation, reassurance calls and wellness checks, SHIP counseling, internet access, and technology support.

- SAPGA recommends that the state incentivize adoption of technology-based services among providers and make efforts to ensure that every LTC/senior facility has high speed internet and devices for residents. This mitigates social isolation and facilitates access to telehealth. SAPGA recommends providing AAAs flexibility with their funding streams to ensure they can provide services to our older adults and meet urgent and emerging needs. With the surges related to future variants in Colorado and the United States more broadly, it is hard to predict how COVID-19 will affect our communities in the coming months, and the AAAs must have flexibility to respond and adapt.



COVID Update on Progress Matrix

Recommendation Goal	Strategies	Initiatives
<p>SAPGA recommends that the state conduct an in-depth analysis to examine the ways that older adults were impacted by the COVID-19 pandemic so that our public health system and emergency response can be improved to meet current needs and ensure that we are prepared for future emergencies.</p>	<p>Housed within CDPHE and in coordination with the State Emergency Operations Center, this analysis should include comprehensive data collection specific to older adults and a rigorous retrospective assessment of the government and public systems response by a blue-ribbon panel.</p>	<p>HB22-1401, Hospital Nurse Staffing Standards, establishes regulations for nurse staffing levels in hospitals and requires CDPHE to promulgate rules and enforce nurse staffing standards. Also requires the Office of Saving People Money on Health Care in the Lt. Governor's Office to study the level of preparedness of health facilities to respond to post-viral illness resulting from the COVID-19 virus, the effects of post-viral illness resulting from the COVID-19 virus on the health and the financial security of the people of Colorado, and the effects of the COVID-19 pandemic on the cost of healthcare in Colorado and on the ability of Colorado's public health system to respond to emergencies, and coordinate, monitor and support efforts to improve affordability of healthcare and outcomes, and public health readiness in state programs and departments.</p>
		<p>SAPGA Input into Colorado's Revised Crisis Standards of Care (CSC).</p>

Progress and Outcomes

Additional Recommended Strategies to Pursue

Bill signed by Governor on May 18, 2022.

While not specific to older adults, the nurse staffing standards established in this legislation, and the study of the impacts of the COVID-19 pandemic on the people of Colorado and our health care system are useful in mitigating negative outcomes and improving our future ability to respond to emergencies. Further study and action focused specifically on the older adult population is needed.

SAPGA submitted a letter, in coordination with various aging policy experts and stakeholders, to CDPHE Director Jill Hunsaker Ryan, on Jan. 3, 2022 to share concerns regarding Colorado's Crisis Standards of Care and the potential for negative impacts on older adults. SAPGA advocated for revisions that would ensure the civil rights of older Coloradans are protected as decisions are made regarding allocation of medical resources during a pandemic or public health emergency. Efforts resulted in revisions to the CSC that promote more equitable treatment of older adults, older adults of color, and people with disabilities.

Ongoing monitoring and reassessment of Colorado's CSC is needed to ensure discriminatory impacts to older adults is avoided throughout the COVID-19 pandemic and in other public health emergencies in which medical resources become scarce.

COVID Update on Progress Matrix (cont.)

Recommendation Goal	Strategies	Initiatives
		<p>HB22-1157 – Utilization of Demographic Data by CDPHE to Address Health Inequities – requires CDPHE to collect voluntarily provided public health information concerning race, ethnicity, disability, sexual orientation, and gender identity, as allowed under applicable state and federal data privacy laws, rules, regulations, and federal contracts. The CDPHE must establish a process for the collection and use of this data, as well as provide technical assistance to reporting entities. The bill requires the Office of Health Equity (OHE) to determine data collection and use methods based on the demographic elements for inclusion in certain data reports, include certain populations in the state-level strategic planning process on minority health improvement, and provide technical assistance to the CDPHE concerning data collection and use related to the demographic elements.</p>
<p>Increase medical providers for older adults.</p>		<p>SB21-158 was introduced and passed during the 2021 session and allows geriatric advanced practice providers, defined as advanced practice registered nurses and physician assistants with geriatric training or experience, to participate in the loan repayment program on the condition of committing to provide geriatric care to older adults in health professional shortage areas for a specified period.</p>

Progress and Outcomes

Additional Recommended Strategies to Pursue

Bill signed by Governor on June 2, 2022.

Demographic data collection efforts should be used, and expanded, to help identify negative impacts to the older adult population resulting from the COVID-19 pandemic and lingering effects in order to better meet the needs of this population now and during future emergencies. Demographic data collection should also be used to address disparities in the older adult population, resulting from the COVID-19 pandemic, and those disparities that exist more broadly.

Bill signed by Governor on July 6, 2021. As part of the FY2022-23 state budget, \$400,000 was committed to support the program in the coming year via HB22-1329.

While implementation of this recommendation is a good starting point, ongoing efforts to encourage and support geriatric specialization will be needed as the population of older Coloradans increases and our need for more providers must keep pace.

SAPGA Disparities Task Force Recommendations (2021)

Racism is an artificial construct based on the marginalization and oppression of people of color and a social racial hierarchy that artificially privileges one group of people above another. In the United States, privilege is granted to white people. Racism is supported in United States history, codified in law, public policy, and social mores (customs).

- Racism is a public health crisis: The Colorado Governor should declare that racism is a public health crisis. It is a public health crisis that is particularly devastating to older People of Color. They shall make a long-term commitment to improve and resolve racism and will hire at a minimum, an Advisor on Aging, Diversity, Equity, and Inclusion.
- Racism is a public health crisis: The Colorado Legislature should declare that racism is a public health crisis. It is a public health crisis that is particularly devastating to older People of Color. They shall make a long-term commitment to improve and resolve racism and will hire at a minimum, an Advisor on Aging, Diversity, Equity, and Inclusion.
- Advisor (or Persons) on Aging, Diversity, Equity, and Inclusion (ADEI): Colorado, through stimulus and/or state funding, should fill an Advisor on Aging, Diversity, Equity, and Inclusion position

focused on the intersection of aging with diversity, equity, and inclusion. The position could have support staff; all would do a systemic evaluation of existing programs and services with an aging and DEI lens to improve delivery and reach. An advisory committee would be formed mirroring the populations who need to be heard from and are currently underrepresented.

- Implementation: Systemic evaluation of existing programs and services to identify disparities, improve delivery and reach, requires data collection and analysis (See Recommendation 3)

The results of data collection and analysis will/shall be used in conjunction with the Equity Tool and other relevant information to ensure that all programs and services offered to older people of color, under the state's authority, are sensitive to the diverse cultures and needs of the older people in communities of color. In addition to the sensitivity of cultures and needs, the data should be used to increase sustainability of, access to and participation in programs and services for older People of Color. Further, we recommend that all state agencies adopt a health and equity in all policies approach, where decisions on new policies or programs or changes to existing policies or programs are evaluated with aging and equity lenses, using a health and equity in all policies framework.



Disparities Update on Progress Matrix

Recommendation Goal	Strategies	Initiatives
Eliminate racism experienced by older Coloradans.	Seek the Governor's support.	The Governor should do a proclamation indicating racism is a public health crisis that significantly affects older People of Color.
	Seek the General Assembly's support.	The Legislature should do a proclamation indicating racism is a public health crisis that significantly affects older People of Color.
	Seek the Office of Health Equities support.	"Colorado, through stimulus and/or state funding, should fill an Advisor on Aging, Diversity, Equity and Inclusion position focused on the intersection of aging with diversity, equity, and inclusion."
		If an Advisor on Aging, Diversity, Equity and Inclusion position is not formed, the Governor's office, Office of Health Equity, and/or Senior Policy Advisor on Aging should develop a systemic evaluation of existing programs and services to identify disparities, to improve delivery and reach to disparate populations.

Progress and Outcomes

Additional Recommended Strategies to Pursue

SAPGA, along with Aisha Young, submitted a proclamation to the Governor for his consideration and approval in May 2020. Waiting on approval.

SAPGA, with support from Jean Nofles, contacted Senator Buckner and Representative Jodeh about doing a proclamation nearing the end of the 2022 session. Time ran out and a proclamation was not submitted to the full body.

Approach Senator Buckner and Representative Jodeh to do a proclamation during the 2023 session.

Presentations were made by the Disparities Task Force Co-Chairs to the Senior Advisor on Aging and to Dr. Sheila Davis at the Office of Health Equity requesting support for this initiative.

Long Term Care And Caregiving

Recognizing the importance of addressing the [eight domains of livable communities](#) in alignment with Lifelong Colorado, and understanding that the traditional, institutionalized long-term care model for providing housing and care to aging adults does not always effectively address their social, economic and environmental health and well-being needs:

- SAPGA recommends the promotion and creation of social-led, sustainable community models of living for people to thrive in communities of their choice, that adapt to the needs of individuals, utilizing universal design and innovation to support independence, provide access to services and support needs, and allow for the development and sustainment of social connection.
- SAPGA recommends developing policy to ensure sustainable funding for area agencies on aging (AAAs) that in turn supports adult programming in communities that remain accessible and support aging in place while also establishing that resources are allocated to better address the racial, geographic, economic, health, age-related and gender disparities that exist in each community. Further, resources should be diversified, developed and sustained to provide services in communities beyond what is offered by AAAs.
- SAPGA recommends developing policy focused on the assessment and mitigation of racial,

geographic, economic, health, age-related and gender disparities through the development of common and universally applied metrics to ensure equitable distribution of resources and the development of public policy and regulation.

- SAPGA recommends considerations regarding the shift towards home care and community care, while understanding the continued need of certain congregate care settings—specifically with regard to behavioral health. In addition to supporting programs and policies that encourage aging in the community of their choice, we support a shift in funding and regulatory requirements that allow for appropriate staffing, reimbursement rates and specialized care education that is needed for individuals living with co-morbidities and mental and behavioral health challenges. By supporting a change in reimbursement rates for assisted living facilities, this lessens the burden at the state and county level and it will delay or prevent individuals ending up in nursing care facilities (the costliest care setting), in alignment with efforts by Colorado Department of Health Care Policy & Financing (HCPF) to offer care in the least restrictive environment.
- SAPGA notes that Long Term Care and care giving is an area within the Lifelong Colorado initiative which requires support for innovative structures and models in order to successfully meet the growing need.



Long-Term Care and Caregiving Update on Progress Matrix

Recommendation Goal	Strategies	Initiatives
<p>SAPGA recommends developing a policy focused on the assessment and mitigation of racial, geographic, economic, health, age-related, and gender disparities through the development of common and universally applied metrics to ensure equitable distribution of resources and the development of public policy and regulation.</p>		<p>HB22-1157 – Utilization of Demographic Data by CDPHE to Address Health Inequities – requires CDPHE to collect voluntarily provided public health information concerning race, ethnicity, disability, sexual orientation, and gender identity, as allowed under applicable state and federal data privacy laws, rules, regulations, and federal contracts. The CDPHE must establish a process for the collection and use of this data, as well as provide technical assistance to reporting entities. The bill requires the Office of Health Equity (OHE) to determine data collection and use methods based on the demographic elements for inclusion in certain data reports, include certain populations in the state-level strategic planning process on minority health improvement, and provide technical assistance to the CDPHE concerning data collection and use related to the demographic elements.</p>
		<p>HB22-1035 requires the newly established Technical Advisory Committee (TAC) to coordinate with the reconstituted Commission on Aging to develop, maintain, and make publicly available on the state department's website, a collection of available data sets; metrics specific to the implementation of the strategies in alignment with the strategic action plan on aging, Lifelong Colorado, and any recommendations of the Commission.</p>

Progress and Outcomes

Additional Recommended Strategies to Pursue

Bill signed by Governor on June 2, 2022.

Bill signed by Governor on March 24, 2022.

Approach Senator Buckner and Representative Jodeh to do a proclamation during the 2023 session.

Long-Term Care and Caregiving Update on Progress Matrix (cont.)

Recommendation Goal	Strategies	Initiatives
<p>SAPGA recommends developing policy to ensure sustainable funding for Area Agencies on Aging (AAA) that in turn supports adult programming in communities that remain accessible and support aging in place while also establishing that resources are allocated to better address the racial, geographic, economic, health, age-related, and gender disparities that exist in each community. Further, resources should be diversified, developed, and sustained to provide services in communities beyond what is offered by the AAAs.</p>	<p>Created a grant program that extends beyond AAA funding to support community programs that increase accessibility by older Coloradans to important services and supports while meeting local community needs.</p>	<p>SB22-185 creates the area agency on strategic investments in aging grant program within the state office. The state office shall establish and administer the grant program. The purpose of the grant program is to provide state assistance received in the form of grant awards to finance various projects across the state that are intended to assist and support older Coloradans. The grant program is intended to support projects that promote the health, equity, well-being, and security of older Coloradans across the state that are consistent with the recommendations of the strategic action plan on aging, developed pursuant to section 24-32-3406, as that section existed prior to July 1, 2022, and the state plan on aging described pursuant to section 26-11-203 (1).</p>

Bill signed by the Governor on June 8, 2022.

Direct Care Workforce and Caregivers (2021)

- Support and Collaborate on Recruitment for DCWF: Support and collaborate on recruitment efforts, particularly those that raise awareness and provide information and education about direct care worker roles. Use state and/or stimulus funding to increase the talent pipeline for direct care workers.
- Support a public awareness campaign
- Collaborate on the creation of a resource hub
- Better utilize the workforce centers to bring new individuals into the field
 - Train Workforce Centers about direct care workforce
 - Host sessions on direct care workforce with State Workforce Center Boards
 - Support career pathways/lattice development including prioritizing the direct care workforce in the development of clear pathways for advancement to other allied health positions
- Expand Opportunities to Increase Nurses: The state has a nursing shortage, in part because there are not enough educators to train interested students. The CWDC, along with the state education system, should incentivize older nurses who may be close to retiring or who have retired to become educators. To address the shortage, the education system could design and offer schedules that allow for more flexible and part-time work to entice older nurses to teach incoming students.
- Support Informal and Formal Direct Care

Workforce (caring for older adults): The state should fund two robust pilots of TCARE in Colorado including both formal and informal caregivers. (TCare is an evidence-based platform with solutions to support the direct care population.)

- Increase Medical Providers for Older Adults: The state should make this program an annual budget line item. SAPGA further recommends the state utilize stimulus and/or general fund dollars to expand this program through the fiscal year 2025-2026 with a total additional funding of \$1,200,000 training around six people annually.
- Support Mechanisms to Increase Pay for Direct Care Workers: The state should increase Medicaid reimbursement rates with ongoing, sustainable funding. The state should create a long-term funding source to ensure sustainable funding. In the interim, stimulus funds should be used to temporarily increase Medicaid reimbursement rates. Additionally, to ensure higher compensation for direct care workers, increased reimbursement rates should be accompanied by either: a wage floor for workers or a requirement that a certain percentage of increased funds be used for worker wages and benefits.
- Universal Job Descriptions/Stackable Credentials: The state and its varying departments should continue working together to create industry standards for the different job titles/occupations with a goal to have the final standardization done by January

1, 2023. The state should also create stackable credentials that allow workers to move up and across career ladders, and thus see wage increases commensurate with their increased expertise. **To further enhance the perception of Colorado as a welcoming state for the Elder Care Direct Care Workforce, the state should facilitate the transfer of out of state credentials**

- Technology and Direct Care Workforce (Formal/Informal): The State should create a Technology and Direct Care Workforce Task Force to investigate the role of technology in supporting the direct care workforce, older adults and their families, and employers. Given the extensive shortages of direct care

workers today and into the future, the state should explore how to improve lives, reduce costs and potential number of direct care workers needed. A part of this task force would include ensuring ways to increase the digital literacy of the existing and current workforce, the organizations they work for, as well as families and older adults seeking support.

- Childcare Support: The state should (alone or with employers) support direct care workers with childcare resources. This could be done with onsite childcare or the development of childcare cooperatives. State funding could support pilots of such programs.



Appendix B: General Summary of Comments from the World Café Sessions at the June 16th, 2022 Future of Aging in Colorado Conference

Opportunities

The key opportunity themes that evolved out of the hundreds of responses acquired at the World Café session during the June 16th conference focused on the following topics:

- Collaborating
- Volunteering
- Technology as a Tool
- Intergenerational Opportunities

Collaboration was hailed as a growing opportunity in the aging space, in part based on the collaboration that grew out of the two years of COVID, driving new partnerships to work together to solve problems. COVID challenges helped to break down long-standing silos in government, and within the for-profit and non-profit sector, leading to easier access to essential services. Whether it was collaboration across industry sectors, developing new partnerships, or pairing services across agencies, expanded and enhanced collaboration is seen as a new and desired destination.

Volunteering surfaced as a dominant theme with participants indicating that older adults have more time to volunteer, desired to serve, and could choose to participate because they want to (versus have to). There was interest in tapping into the expertise of older volunteers because of the depth and diversity of experiences, confidence, and wisdom. With older adults living longer and healthier lives, there is more time for an active and engaged lifestyle which could lead to more volunteer participation. Growing the older adult volunteer base was elevated as an opportunity because of the political influence of the sheer numbers of older

Coloradans now and in the future, with an overarching goal of driving improved solutions to some of the challenges that can accompany the aging process.

Tied to expanded use of technology during COVID, there was a desire to enhance access to technology to support older adults as they age in place, to reduce social isolation, and to gain better access to education and lifelong learning, as well as remote work opportunities. COVID expedited the use of technology to deliver healthcare in a way that minimized risk of contracting COVID while expanding use of telehealth visits and cost reimbursement for such visits, which were not previously covered by all insurers. The adoption of online shopping with home delivery or store pickup also evolved quickly to minimize social contact to prevent the spread of disease. With growing interest in use of technology by older adults and in technology as a tool to support them, more free and low-cost educational venues are popping up to maximize its use.

Intergenerational opportunities were tied to housing, schools, companionship, mentorships, neighbors, and families. All levels of K-12 schooling and into post-secondary education were seen as opportunities for connecting older and younger generations. Creating an equivalent to Big Brothers Big Sisters for older and younger people was seen as an avenue to pursue. Caregiving was proposed to be delivered to dual populations combining adult day with childhood caregiving, allowing for increased generational connections. Housing at a family and community level should be intergenerational where all populations could share in providing value to a neighbor as a part of a societal support system. It was suggested that continuing the neighborhood connectivity, collaboration,

and support developed because of COVID could have lasting benefits for society and all involved. In addition, an intergenerational opportunity exists connected to the workplace by growing intergenerational mentoring programming.

Challenges:

The key challenge themes that evolved out of the hundreds of responses acquired at the World Café session during the June 16th conference focused on the following topics:

- Ageism
- Lack of funding – personal and state
- Transportation
- Caregiving
- Affordable and accessible housing of all levels

Ageism appeared near the top of the responses as some suggested it permeates society and many of the institutions that were designed to help deliver solutions to older adults. Ageism was reported in shelters, the healthcare system, workplace, technology, in state and federal government and society at large. Ageism leads older adults to feel patronized and condescended to, disrespected, discounted, invisible, and marginalized. Ageism, along with other forms of discrimination, creates even more challenging situations for People of Color, LGBTQ people, and other diverse populations.

Funding was rated as tied with ageism as a leading challenge facing older adults and the aging stakeholder network. Funding at the state level for all things aging is perceived as stagnant, with a general tendency to see reductions in funding for this growing population versus

an expansion of funded and supportive programs for older adults. The participants tended to believe that aging is a low priority within the existing administration and for legislators as evidenced by lack of support for legislation and specific funding for older adult programming. TABOR was mentioned as a constraint on the budget, impeding the ability to better serve older adults with needed programs and services.

Personal finances were also identified as a challenge for many older adults who have retired and live on fixed incomes and/or having low or minimal savings, leading many to seek state support to help with living expenditures until they die. Many older adults reach a point where they need help with daily living activities as well as support to maintain a home, which all requires financial resources. When personal and family funds are depleted, the state and federal government become fall backs to ensure that older adults can continue to live with dignity and respect. The cost of healthcare and care support has increased significantly over the last decade, leading to challenges in access for the older Coloradans.


Transportation was reported as a challenge in urban, suburban, mountain, and rural areas of Colorado, with added concerns for first and last mile transportation. Transportation to access healthcare, especially for chronic issues related to dialysis, may be underfunded. The transportation issue revolved around older adults who may choose or must discontinue driving and need access to transportation to continue to thrive in life, stay connected to prevent social isolation, engage in recreation and social engagement, work, and connect with healthcare providers. Related to transportation were costs, reliability, ease of use, and accessibility. Parking was cited as an issue, with inadequate numbers

of parking spaces for those who may be able to drive but need handicap parking spots. Some suggested that redesign of cities and neighborhoods is needed to make them more walkable, reducing the need for transportation.

As seen in every state in the nation, participants pointed to a workforce shortages to support older adults as they age. Further concerns were raised about the limited experience and training of some caregivers, along with inadequate compensation for caregivers overall. Some family members are part of the “sandwich generation” caring for both younger and older family members, which in turn, impacts their own mental and physical health. Lastly, participants identified the need to develop a diverse supply of caregivers who can work with a diverse population of older adults.

Affordable and accessible housing concludes the key challenges list. While many older adults may consider downsizing, few opportunities exist to sell a home and move into a smaller and more manageable dwelling in the current market. Beyond the limited number of affordable homes for older adults now living on fixed incomes, many older and newer homes were designed for the general population; that is few homes are truly built with a universal design philosophy rendering them livable for any age and physical challenges. Problems relating to housing affordability and accessibility extends beyond single family rental or residential homes. Assisted living and skilled and memory care living is also frequently unaffordable and inaccessible in many communities. Finally, homelessness among older adults is increasing, though there are limited shelters and supports specific to this population.





**Appendix C:
HB15-1033
– Colorado
Comprehensive
Strategic Action
Plan on Aging
Act**

NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.

An Act

HOUSE BILL 15-1033

BY REPRESENTATIVE(S) Primavera, Wilson, Lebsock, Becker K., Court, Danielson, Duran, Esgar, Fields, Ginal, Hamner, Kraft-Tharp, Lee, Lontine, McCann, Melton, Mitsch Bush, Moreno, Pettersen, Rosenthal, Roupe, Ryden, Salazar, Sias, Tyler, Williams, Winter, Young, Hullinghorst;
also SENATOR(S) Crowder, Aguilar, Carroll, Donovan, Garcia, Guzman, Heath, Hodge, Johnston, Jones, Kefalas, Kerr, Martinez Humenik, Merrifield, Newell, Steadman, Todd, Ulibarri.

CONCERNING LONG-TERM STRATEGIES TO ADDRESS COLORADO'S AGING POPULATION, AND, IN CONNECTION THEREWITH, CREATING A STRATEGIC ACTION PLANNING GROUP TO DEVELOP A COMPREHENSIVE, LONG-TERM ACTION PLAN FOR COLORADO'S AGING POPULATION AND MAKING AN APPROPRIATION.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, **add** part 34 to article 32 of title 24 as follows:

PART 34
COMPREHENSIVE STRATEGIC ACTION PLAN
ON AGING POPULATION IN COLORADO

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.

An Act

HOUSE BILL 15-1033

BY REPRESENTATIVE(S) Primavera, Wilson, Lebsock, Becker K., Court, Danielson, Duran, Esgar, Fields, Ginal, Hamner, Kraft-Tharp, Lee, Lontine, McCann, Melton, Mitsch Bush, Moreno, Pettersen, Rosenthal, Roupe, Ryden, Salazar, Sias, Tyler, Williams, Winter, Young, Hullinghorst;
also SENATOR(S) Crowder, Aguilar, Carroll, Donovan, Garcia, Guzman, Heath, Hodge, Johnston, Jones, Kefalas, Kerr, Martinez Humenik, Merrifield, Newell, Steadman, Todd, Ulibarri.

CONCERNING LONG-TERM STRATEGIES TO ADDRESS COLORADO'S AGING POPULATION, AND, IN CONNECTION THEREWITH, CREATING A STRATEGIC ACTION PLANNING GROUP TO DEVELOP A COMPREHENSIVE, LONG-TERM ACTION PLAN FOR COLORADO'S AGING POPULATION AND MAKING AN APPROPRIATION.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, **add** part 34 to article 32 of title 24 as follows:

PART 34
COMPREHENSIVE STRATEGIC ACTION PLAN
ON AGING POPULATION IN COLORADO

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

24-32-3401. Short title. THIS PART 34 SHALL BE KNOWN AND MAY BE CITED AS THE "COLORADO COMPREHENSIVE STRATEGIC ACTION PLAN ON AGING ACT".

24-32-3402. Legislative declaration. (1) THE GENERAL ASSEMBLY FINDS AND DECLARES THAT:

(a) BOTH THE UNITED STATES AND COLORADO FACE A HISTORIC DEMOGRAPHIC SHIFT OVER THE NEXT FIFTY YEARS. AS UNPRECEDENTED NUMBERS OF WORKERS RETIRE AND LONGEVITY INCREASES, THE PERCENTAGE OF THE POPULATION FIFTY YEARS OF AGE AND OLDER WILL INCREASE RAPIDLY AND SIGNIFICANTLY.

(b) THIS AGING OF OUR POPULATION WILL HAVE WIDE-RANGING ECONOMIC, WORKFORCE, AND SOCIAL EFFECTS ON ALL SECTORS OF OUR SOCIETY. A GREAT MANY FAMILIES, COMMUNITIES, BUSINESSES, PUBLIC AGENCIES, AND PROGRAMS ARE INSUFFICIENTLY PREPARED TO MEET THESE CHALLENGES EFFECTIVELY.

(c) THE AGING OF OUR POPULATION CREATES OPPORTUNITIES FOR USING THIS POPULATION'S EXPERIENCE AND WISDOM IN THE WORKPLACE AND THROUGH VOLUNTEER OPPORTUNITIES;

(d) THE AGING OF OUR POPULATION WILL PLACE SIGNIFICANT FINANCIAL PRESSURE ON ALL FAMILIES, BUT ESPECIALLY MIDDLE- AND LOWER-INCOME FAMILIES, WHO WILL BE CHALLENGED TO PROVIDE LONG-TERM CARE, SERVICES, AND SUPPORTS FOR LOVED ONES. FEW OF THESE FAMILIES ARE FULLY AWARE OF OR PREPARED FOR THE CHALLENGES OF AGING, RETIREMENT, AND CAREGIVING.

(e) THE AGING OF COLORADO'S POPULATION WILL HAVE SIGNIFICANT LONG-TERM IMPACTS, BOTH POSITIVE AND NEGATIVE, ON THE STATE'S WORKFORCE, BUSINESSES, AND ECONOMY, INCLUDING PRIVATE-PAY LONG-TERM CARE SERVICES AND INFRASTRUCTURE, CREATING BOTH CHALLENGES AND OPPORTUNITIES;

(f) THE AGING OF OUR POPULATION WILL PLACE UNPRECEDENTED LONG-TERM DEMANDS ON PUBLIC SECTOR PROGRAMS AND BUDGETS, INCLUDING SOCIAL SECURITY, MEDICARE, MEDICAID, HOUSING, TRANSPORTATION, AND HEALTH AT THE FEDERAL, STATE, AND LOCAL

LEVELS;

(g) THE AGING OF COLORADO'S POPULATION COULD SIGNIFICANTLY IMPACT FUTURE STATE INCOME AND SALES TAX REVENUES AS WELL AS LOCAL SALES AND PROPERTY TAX REVENUES; AND

(h) COLORADO FAMILIES, COMMUNITIES, BUSINESSES, AND PUBLIC AGENCIES WOULD ALL BENEFIT FROM MORE COMPREHENSIVE RESEARCH INTO THE ISSUES RELATED TO THE BROAD CHALLENGES OF AGING AND FROM THE DEVELOPMENT OF A LONG-TERM STRATEGIC ACTION PLAN AND SET OF RECOMMENDATIONS FOR ADDRESSING THOSE CHALLENGES.

(2) IT IS THEREFORE THE INTENT OF THE GENERAL ASSEMBLY TO ESTABLISH A MULTI-DISCIPLINARY PRIVATE AND PUBLIC SECTOR STAKEHOLDERS' GROUP TO DEVELOP A COMPREHENSIVE STRATEGIC ACTION PLAN ON AGING IN COLORADO THROUGH THE YEAR 2030. THE GROUP SHALL PROVIDE TO THE GOVERNOR AND GENERAL ASSEMBLY COMPREHENSIVE DATA ON AND SPECIFIC RECOMMENDATIONS REGARDING PRIVATE AND PUBLIC OPTIONS FOR ADDRESSING THIS DEMOGRAPHIC SHIFT FOR THE STATE TO CONSIDER.

(3) IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT THE RECOMMENDATIONS OF THE GROUP CREATED IN THIS PART 34 WILL LEAD TO THE IMPLEMENTATION OF PROGRAMS, SERVICES, PROJECTS, POLICIES, AND PROCEDURES STARTING BY NOVEMBER 1, 2016, IN BOTH THE PUBLIC AND PRIVATE SECTORS.

24-32-3403. Definitions. AS USED IN THIS PART 34, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "FUND" MEANS THE STRATEGIC ACTION PLAN ON AGING CASH FUND ESTABLISHED PURSUANT TO SECTION 24-32-3407.

(2) "OLDER ADULT POPULATION" MEANS PERSONS FIFTY YEARS OF AGE AND OLDER.

(3) "STRATEGIC ACTION PLAN" OR "PLAN" MEANS THE COMPREHENSIVE ACTION PLAN ON AGING IN COLORADO DEVELOPED BY THE PLANNING GROUP PURSUANT TO SECTION 24-32-3405.

PAGE 3-HOUSE BILL 15-1033

(4) "STRATEGIC ACTION PLANNING GROUP ON AGING" OR "PLANNING GROUP" MEANS THE STRATEGIC ACTION PLANNING GROUP ON AGING ESTABLISHED PURSUANT TO SECTION 24-32-3404.

24-32-3404. Strategic action planning group on aging.

(1) (a) THERE IS ESTABLISHED A STRATEGIC ACTION PLANNING GROUP ON AGING FOR THE PURPOSE OF STUDYING AND PRODUCING A COMPREHENSIVE STRATEGIC ACTION PLAN ON AGING IN COLORADO THROUGH THE YEAR 2030. THE PLANNING GROUP SHALL EXAMINE THE IMPACTS, BOTH POSITIVE AND NEGATIVE, OF THE AGING DEMOGRAPHIC SHIFT THROUGH THE YEAR 2030 ON:

(I) THE ECONOMY, WORKFORCE, AND BUSINESSES AND MARKET-BASED PRODUCTS AND SERVICES;

(II) STATE AND LOCAL REVENUE BUDGETS AND FISCAL POLICIES;

(III) MEDICAID AND OTHER SAFETY-NET PROGRAMS AND THE COLLATERAL IMPACT ON OTHER NONRELATED STATE PROGRAMS;

(IV) FAMILY CAREGIVING AND PRIVATE AND PUBLIC OPTIONS FOR LONG-TERM CARE, SERVICES, AND SUPPORTS;

(V) THE EFFECTS OF POTENTIAL FEDERAL ENTITLEMENT REFORMS ON COLORADO; AND

(VI) TRANSPORTATION SERVICES AND INFRASTRUCTURE.

(b) THE PLANNING GROUP SHALL CONSIDER OR INCORPORATE INFORMATION, RECOMMENDATIONS, AND BEST PRACTICES FROM PAST AND CURRENT STUDY GROUPS, FOUNDATIONS, STATE AGENCIES, LOCAL GOVERNMENTS, AND INITIATIVES PROPOSED OR IMPLEMENTED IN OTHER STATES, AS WELL AS FROM STATE AND NATIONAL COMMISSIONS AND STUDY GROUPS ON AGING AND LONG-TERM CARE, SERVICES, AND SUPPORTS.

(2) (a) THE PLANNING GROUP CONSISTS OF TWENTY-THREE VOTING MEMBERS APPOINTED BY THE GOVERNOR ON OR BEFORE AUGUST 1, 2015, AS FOLLOWS:

(I) FOUR MEMBERS WHO REPRESENT CONSUMERS. CONSUMER

REPRESENTATIVES MUST INCLUDE:

(A) TWO PERSONS FROM NONPROFIT ORGANIZATIONS REPRESENTING OR ADVOCATING FOR OLDER ADULT POPULATIONS;

(B) A REPRESENTATIVE OF AN AREA AGENCY ON AGING AS DESCRIBED IN SECTION 26-11-204, C.R.S.; AND

(C) THREE PERSONS WHO ARE ACTUAL CONSUMERS OF SERVICES FOR OLDER ADULT POPULATIONS.

(II) FIVE MEMBERS WHO REPRESENT PRIVATE, PUBLIC, AND COMMUNITY-BASED HEALTH CARE AND LONG-TERM CARE, SERVICE, OR SUPPORT PROVIDERS FOR OLDER ADULTS SUCH AS REPRESENTATIVES OF:

(A) SKILLED NURSING CARE;

(B) ASSISTED LIVING FACILITIES;

(C) ADULT DAY CARE AND HOME CARE;

(D) HOSPICE AND PALLIATIVE CARE;

(E) GERIATRIC HEALTH CARE, INCLUDING ALZHEIMER CARE;

(F) MENTAL HEALTH; OR

(G) ORAL, VISION, AND AUDIOLOGICAL HEALTH;

(III) ONE MEMBER WHO HAS EXTENSIVE KNOWLEDGE AND EXPERTISE IN LONG-TERM CARE, SERVICES, AND SUPPORTS WHO IS NOT A PROVIDER OF SUCH SERVICES;

(IV) ONE MEMBER WHO IS A COUNTY COMMISSIONER;

(V) ONE MEMBER WHO REPRESENTS THE BUSINESS COMMUNITY IN COLORADO;

(VI) THREE MEMBERS WHO HAVE EXTENSIVE KNOWLEDGE OF OR EXPERIENCE WITH STATE AND LOCAL BUDGETS AND FISCAL POLICY OR WHO

ARE REPRESENTATIVES FROM NONPROFIT ORGANIZATIONS THAT HAVE EXPERIENCE WITH FISCAL AND STATEWIDE POLICY ISSUES;

(VII) ONE MEMBER WHO IS A REPRESENTATIVE OF INSTITUTIONS OF HIGHER EDUCATION IN A FIELD RELATED TO OLDER ADULT POPULATIONS; AND

(VIII) FIVE MEMBERS FROM THE EXECUTIVE BRANCH, INCLUDING:

(A) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES OR THE DIRECTOR'S DESIGNEE;

(B) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING OR THE DIRECTOR'S DESIGNEE;

(C) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT OR THE DIRECTOR'S DESIGNEE;

(D) THE CHAIR OF THE COMMISSION ON AGING OR THE DIRECTOR'S DESIGNEE; AND

(E) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF TRANSPORTATION OR THE DIRECTOR'S DESIGNEE.

(b)(I) THE GOVERNOR SHALL CONSULT WITH THE PRESIDENT OF THE SENATE, THE SPEAKER OF THE HOUSE OF REPRESENTATIVES, AND MINORITY LEADERS ABOUT APPOINTMENTS TO ENSURE:

(A) AT LEAST ONE APPOINTMENT FROM A RURAL REGION OF THE STATE;

(B) REPRESENTATION FROM AT LEAST FIVE DIFFERENT CONGRESSIONAL DISTRICTS IN THE STATE; AND

(C) NOT MORE THAN TEN OF THE TWENTY-ONE VOTING MEMBERS ARE FROM THE SAME POLITICAL PARTY AND THE STATE'S TWO MAJOR POLITICAL PARTIES HAVE AN EQUAL NUMBER OF MEMBERS ON THE COMMISSION.

(II) IN MAKING APPOINTMENTS TO THE PLANNING GROUP, THE

GOVERNOR WILL CONSIDER REPRESENTATION FOR MEMBERS OF DIVERSE RACIAL, CULTURAL, INCOME, GENDER, AND ABILITY GROUPS.

(c) ANY PERSON INTERESTED IN SERVING AS A MEMBER OF THE PLANNING GROUP SHALL SUBMIT AN APPLICATION TO THE GOVERNOR'S OFFICE.

(d) THE PLANNING GROUP SHALL ELECT A CHAIR AND VICE-CHAIR FROM THE MEMBERS OF THE PLANNING GROUP TO COORDINATE THE WORK OF THE PLANNING GROUP.

(e) MEMBERS OF THE PLANNING GROUP SERVE WITHOUT COMPENSATION BUT MAY RECEIVE REIMBURSEMENT FOR ACTUAL AND NECESSARY EXPENSES INCURRED IN THE PERFORMANCE OF THEIR DUTIES AS MEMBERS OF THE PLANNING BOARD.

(f) (I) THE TERM OF EACH MEMBER OF THE PLANNING GROUP IS FOUR YEARS, EXCEPT THAT THE GOVERNOR SHALL SELECT:

(A) ONE PERSON APPOINTED PURSUANT TO SUBPARAGRAPH (I) OF PARAGRAPH (a) OF THIS SUBSECTION (2); TWO PERSONS APPOINTED PURSUANT TO SUBPARAGRAPH (II) OF PARAGRAPH (a) OF THIS SUBSECTION (2); THE PERSON APPOINTED PURSUANT TO SUBPARAGRAPH (IV) OF PARAGRAPH (a) OF THIS SUBSECTION (2); ONE OF THE PERSONS APPOINTED PURSUANT TO SUBPARAGRAPH (VI) OF PARAGRAPH (a) OF THIS SUBSECTION (2); AND TWO OF THE PERSONS APPOINTED PURSUANT TO SUBPARAGRAPH (VIII) OF PARAGRAPH (a) OF THIS SUBSECTION (2) TO SERVE AN INITIAL TERM OF TWO YEARS; AND

(B) ONE PERSON APPOINTED PURSUANT TO SUBPARAGRAPH (I) OF PARAGRAPH (a) OF THIS SUBSECTION (2); TWO PERSONS APPOINTED PURSUANT TO SUBPARAGRAPH (II) OF PARAGRAPH (a) OF THIS SUBSECTION (2); THE PERSON APPOINTED PURSUANT TO SUBPARAGRAPH (V) OF PARAGRAPH (a) OF THIS SUBSECTION (2); ONE OF THE PERSONS APPOINTED PURSUANT TO SUBPARAGRAPH (VI) OF PARAGRAPH (a) OF THIS SUBSECTION (2); AND TWO OF THE PERSONS APPOINTED PURSUANT TO SUBPARAGRAPH (VIII) OF PARAGRAPH (a) OF THIS SUBSECTION (2) TO SERVE AN INITIAL TERM OF THREE YEARS.

(II) THE GOVERNOR MAY REAPPOINT A MEMBER FOR ONLY ONE

ADDITIONAL FOUR-YEAR TERM AFTER A MEMBER'S INITIAL TERM.

(III) IF THERE IS A VACANCY ON THE PLANNING GROUP FOR ANY REASON, THE GOVERNOR SHALL APPOINT A NEW MEMBER FROM THE APPROPRIATE REPRESENTATIVE GROUP TO SERVE THE REMAINDER OF THE MEMBER'S TERM.

(IV) MEMBERS OF THE PLANNING GROUP MAY REMOVE A MEMBER OF THE PLANNING GROUP, FOR CAUSE, IF APPROVED BY A TWO-THIRDS MAJORITY OF ALL MEMBERS OF THE PLANNING GROUP.

(g) THE PLANNING GROUP SHALL MEET AS NECESSARY, AS DETERMINED BY THE MEMBERS OF THE PLANNING GROUP, AS SOON AS PRACTICABLE AFTER THE GOVERNOR MAKES THE APPOINTMENTS.

(h) (I) THE PLANNING GROUP SHALL ESTABLISH SPECIAL PURPOSE SUBCOMMITTEES TO CONSIDER AND EVALUATE ISSUES AS IT DEEMS NECESSARY TO FULFILL ITS GOALS, OBJECTIVES, AND DUTIES, WHICH MAY INCLUDE BUT ARE NOT LIMITED TO:

(A) TRANSPORTATION;

(B) HOUSING;

(C) WORKFORCE DEVELOPMENT;

(D) ACCESS TO HEALTH CARE;

(E) LONG-TERM CARE AND OTHER HUMAN SERVICES; AND

(F) RETIREMENT SECURITY.

(II) THE SPECIAL PURPOSE SUBCOMMITTEES MAY INCLUDE PERSONS WHO ARE NOT MEMBERS OF THE PLANNING GROUP. IN APPOINTING MEMBERS OF A SPECIAL PURPOSE SUBCOMMITTEE, THE PLANNING GROUP SHALL PAY SPECIAL ATTENTION TO APPOINTING REPRESENTATIVES FROM SUBJECT AREAS NOT OTHERWISE REPRESENTED ON THE PLANNING GROUP. MEMBERS OF A SPECIAL PURPOSE SUBCOMMITTEE SERVE WITHOUT COMPENSATION OR REIMBURSEMENT OF EXPENSES.

(III) THE PLANNING GROUP SHALL ESTABLISH A TECHNICAL ADVISORY COMMITTEE TO ADVISE AND ASSIST THE PLANNING GROUP, WHICH COMMITTEE CONSISTS OF THE STATE DEMOGRAPHER AND SUBJECT MATTER EXPERTS FROM LOCAL GOVERNMENTS AND NONGOVERNMENTAL ORGANIZATIONS. THE GOVERNOR MAY ALSO IDENTIFY AND PROVIDE SUBJECT MATTER EXPERTS AS MEMBERS OF THE TECHNICAL ADVISORY COMMITTEE FROM STATE DEPARTMENTS OR AGENCIES AS IDENTIFIED AND REQUESTED BY THE PLANNING GROUP.

(3) SUBJECT TO AVAILABLE APPROPRIATIONS, THE PLANNING GROUP MAY IDENTIFY AND CONTRACT WITH ANY THIRD-PARTY ORGANIZATION FOR THE PURPOSE OF DATA ANALYSIS AND PROJECTION REPORTING.

(4) THE PLANNING GROUP SHALL CONTRACT WITH A THIRD PARTY FOR STAFFING SERVICES INCLUDING:

(a) A PROJECT ADMINISTRATOR WHOSE DUTIES INCLUDE:

(I) MEETING ORGANIZATION AND COORDINATION;

(II) PUBLIC RELATIONS AND EXTERNAL DISTRIBUTION OF INFORMATION;

(III) COORDINATION BETWEEN THIRD-PARTY CONTRACTORS AND THE PLANNING GROUP;

(IV) COORDINATION BETWEEN STATE DEPARTMENTS AND OTHER ORGANIZATIONS AND THE PLANNING GROUP;

(V) MANAGEMENT OF REPORT PRODUCTION;

(VI) MANAGEMENT OF THE PLANNING GROUP WEB SITE; AND

(VII) ANY OTHER FUNCTION TO BE ASSIGNED BY THE PLANNING GROUP;

(b) A PROJECT ASSISTANT WHO IS RESPONSIBLE FOR TASKS ASSIGNED BY THE PROJECT ADMINISTRATOR.

24-32-3405. Operation. (1) THE PLANNING GROUP SHALL

EXERCISE ITS POWERS AND PERFORM ITS DUTIES AND FUNCTIONS AS SPECIFIED BY THIS PART 34 INDEPENDENTLY FROM THE DEPARTMENT. THE DEPARTMENT ACTS SOLELY AS THE FISCAL AGENT FOR THE PLANNING GROUP.

(2) THE PLANNING GROUP MAY ESTABLISH BYLAWS AS APPROPRIATE FOR ITS EFFECTIVE OPERATION.

(3) THE CHAIR OF THE PLANNING GROUP SHALL ESTABLISH A SCHEDULE FOR PLANNING GROUP MEETINGS. THE COMMISSION MUST MEET AT LEAST TWELVE TIMES EACH CALENDAR YEAR.

(4) MEMBERS OF THE PLANNING GROUP, STAFF, AND CONSULTANTS ARE NOT LIABLE FOR AN ACT OR OMISSION IN THEIR OFFICIAL CAPACITY PERFORMED IN GOOD FAITH IN ACCORDANCE WITH THIS PART 34.

(5) (a) THE PLANNING GROUP IS EXEMPT FROM THE "PROCUREMENT CODE", ARTICLES 101 TO 112 OF THIS TITLE.

(b) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS PARAGRAPH (b), THE PLANNING GROUP IS SUBJECT TO THE OPEN MEETINGS LAW, PART 4 OF ARTICLE 6 OF THIS TITLE, AND TO THE "COLORADO OPEN RECORDS ACT", PART 2 OF ARTICLE 72 OF THIS TITLE.

(II) MEMBERS OF THE PLANNING GROUP MAY CONVENE IN GROUPS OF NO MORE THAN FIVE MEMBERS FOR THE FOLLOWING PURPOSES WITHOUT COMPLYING WITH THE OPEN MEETINGS LAW AS LONG AS NO FORMAL ACTION IS TAKEN AT THE MEETING:

(A) TO GATHER AND UNDERSTAND DATA; OR

(B) TO ORGANIZE AND PLAN FOR THE BUSINESS OF THE PLANNING GROUP.

24-32-3406. Duties of strategic action planning group.

(1) (a) THE PLANNING GROUP SHALL DEVELOP A COMPREHENSIVE STRATEGIC ACTION PLAN ON AGING IN COLORADO THROUGH THE YEAR 2030 TO BE COMPLETED BY NOVEMBER 1, 2016. IN DEVELOPING THE STRATEGIC ACTION PLAN, THE PLANNING GROUP SHALL REVIEW AND INCORPORATE PAST RECOMMENDATIONS AND FINDINGS FROM PREVIOUS STUDIES AND

COMMISSIONS THAT THE PLANNING GROUP CONSIDERS RELEVANT AND NECESSARY TO ITS DUTIES. PREVIOUS RECOMMENDATIONS MUST BE REVIEWED IN CONJUNCTION WITH THE LATEST DEMOGRAPHIC AND ECONOMIC PROJECTIONS SPECIFIED IN THE ANALYSIS CONDUCTED PURSUANT TO PARAGRAPH (c) OF THIS SUBSECTION (1) IN ORDER TO ASSESS THEIR LONG-TERM FISCAL VIABILITY.

(b) THE STRATEGIC ACTION PLAN MUST ADDRESS AT LEAST THE FOLLOWING THREE AREAS:

(I) DEMOGRAPHIC, ECONOMIC, FISCAL, AND BUDGET DATA ANALYSIS THROUGH THE YEAR 2030;

(II) ACTIONABLE RECOMMENDATIONS; AND

(III) PLANS FOR UPDATES TO THE STRATEGIC ACTION PLAN.

(c) **Data analysis.** THE STRATEGIC ACTION PLAN MUST INCLUDE THE FOLLOWING AREAS OF DATA ANALYSIS:

(I) STATEWIDE AND REGIONAL DEMOGRAPHIC ANALYSIS OF COLORADO'S OLDER ADULT POPULATION;

(II) ANALYSIS OF THE IMPACTS, BOTH POSITIVE AND NEGATIVE, OF THE DEMOGRAPHIC SHIFT ON THE STATE ECONOMY AND WORKFORCE PARTICIPATION;

(III) ANALYSIS OF THE IMPACTS, BOTH POSITIVE AND NEGATIVE, OF THE DEMOGRAPHIC SHIFT ON STATE AND LOCAL REVENUES INCLUDING INCOME, SALES, AND PROPERTY TAX;

(IV) PROJECTED EFFECTS OF THE DEMOGRAPHIC SHIFT ON STATE AND LOCAL REVENUES AND IDENTIFICATION OF POSSIBLE REVENUE SHORTFALLS;

(V) PROJECTED STATE BUDGET IMPACT OF THE DEMOGRAPHIC SHIFT ON COLORADO'S MEDICAID PROGRAM;

(VI) PROJECTED STATE BUDGET IMPACT OF THE DEMOGRAPHIC SHIFT ON OTHER STATE DEPARTMENTS AND PROGRAMS;

PAGE 11-HOUSE BILL 15-1033

(VII) ANALYSIS OF THE FINANCIAL SECURITY OF COLORADO'S OLDER ADULT POPULATION THAT ARE IN OR APPROACHING RETIREMENT IN ORDER TO DETERMINE PROJECTED FUTURE DEMAND ON MEDICAID AND OTHER STATE-FUNDED SAFETY NET PROGRAMS;

(VIII) ANALYSIS OF THE RETIREMENT SAVINGS GAP AND RETIREMENT SECURITY FOR THE STATE'S OLDER ADULT POPULATION;

(IX) ANALYSIS OF PROJECTED COST TRENDS OF PRIVATE LONG-TERM CARE, SERVICES, AND SUPPORTS;

(X) ANALYSIS OF THE NUMBER OF PERSONS IN THE OLDER ADULT POPULATION WHO WOULD BENEFIT FROM RECEIVING ADDITIONAL COMMUNITY-BASED SERVICES AND THE TYPES OF SERVICES AND SUPPORTS REQUIRED FOR MEMBERS OF THIS POPULATION TO REMAIN IN THEIR OWN RESIDENCES AND COMMUNITIES FOR AS LONG AS POSSIBLE;

(XI) ANALYSIS OF ANY FEDERAL SPENDING ACTIONS RELATIVE TO MEDICAID, SOCIAL SECURITY, MEDICARE, AND OTHER FEDERAL PROGRAMS THE PLANNING GROUP CONSIDERS RELEVANT AND THEIR EFFECT ON GENERAL FUND EXPENDITURES AND RESERVES AS WELL AS NONRELATED STATE EXPENDITURES;

(XII) ANALYSIS OF EXISTING AND PROPOSED PRIVATE SECTOR INITIATIVES TO ADDRESS RETIREMENT PREPAREDNESS AND LONG-TERM CARE, SERVICES, AND SUPPORTS FOR THE OLDER ADULT POPULATION; AND

(XIII) ECONOMIC IMPACT OF CAREGIVING ON COLORADO FAMILIES, BUSINESSES, AND THE STATE ECONOMY.

(d) **Actionable recommendations.** RECOMMENDATIONS SHALL INCLUDE AT LEAST:

(I) OPTIONS TO ADDRESS THE LONG-TERM IMPACT OF THE DEMOGRAPHIC SHIFT ON COLORADO CITIZENS, STATE GOVERNMENT, AND THE PRIVATE SECTOR;

(II) OPTIONS TO ADDRESS DISPROPORTIONAL REGIONAL DEMOGRAPHIC SHIFTS IN OLDER ADULT POPULATIONS;

(III) OPTIONS TO IMPROVE FINANCIAL SECURITY AND RETIREMENT PREPARATION FOR THE OLDER ADULT POPULATION;

(IV) RECOMMENDATIONS TO ENHANCE ACCESS TO SERVICES AND PUBLIC EDUCATION ON AGING ISSUES;

(V) OPTIONS TO STRENGTHEN AND IMPROVE SERVICE QUALITY AND INFRASTRUCTURE FOR LONG-TERM SERVICES AND SUPPORTS TO BETTER ENABLE THE SERVICES AND SUPPORTS TO MEET FUTURE DEMAND;

(VI) OPTIONS TO REDUCE ADMINISTRATIVE AND SERVICE DELIVERY COSTS OF PUBLIC AND PRIVATE LONG-TERM SERVICES AND SUPPORTS WHILE MAINTAINING SERVICE QUALITY;

(VII) ADMINISTRATIVE AND REGULATORY REFORMS NEEDED TO MORE COST-EFFECTIVELY ORGANIZE STATE AGENCIES TO IMPLEMENT STATE PROGRAMS AND SERVICES;

(VIII) PRIVATE SECTOR OPTIONS FOR STATE-BASED LONG-TERM CARE, SERVICES, AND SUPPORTS;

(IX) OPTIONS TO EXTEND AND IMPROVE OTHER SERVICES AND SUPPORTS THAT WOULD ALLOW INDIVIDUALS TO REMAIN IN THEIR RESIDENCES AND COMMUNITIES FOR AS LONG AS POSSIBLE;

(X) OPTIONS TO IMPROVE THE ACCESSIBILITY AND SUSTAINABILITY OF AFFORDABLE HOUSING AND TRANSPORTATION SERVICES;

(XI) OPTIONS TO IMPROVE CAREGIVER SUPPORTS AND MITIGATE BOTH THE FINANCIAL AND NONFINANCIAL IMPACTS OF CAREGIVING ON PATIENTS, CAREGIVERS, BUSINESSES, AND THE STATE;

(XII) PROJECTIONS ON THE ECONOMIC, FISCAL, AND PERSONAL IMPACTS OF IMPLEMENTING OR NOT IMPLEMENTING THE RECOMMENDATIONS. THIS ANALYSIS SHOULD ALSO CONSIDER THE NONFINANCIAL AND QUALITY-OF-CARE IMPACTS OF THE RECOMMENDATIONS ON COLORADO'S LONG-TERM CARE, SERVICES, AND SUPPORTS; HEALTHCARE INFRASTRUCTURE AND WORKFORCE; AGING; AND CAREGIVER POPULATIONS.

(XIII) POSSIBLE LEGISLATION FOR CONSIDERATION BY THE GENERAL ASSEMBLY IN ORDER TO IMPLEMENT THE PLANNING GROUP'S RECOMMENDATIONS AND ACHIEVE ITS STATED GOALS; AND

(XIV) POSSIBLE REGULATORY CHANGES TO BE OFFERED TO STATE DEPARTMENTS IN ORDER TO IMPLEMENT THE PLANNING GROUP'S RECOMMENDATIONS AND ACHIEVE ITS STATED GOALS.

(2) **Reports.** (a) DURING THE 2016 AND 2017 LEGISLATIVE SESSIONS, THE PLANNING GROUP SHALL SUBMIT AN ORAL REPORT SUMMARIZING ITS WORK AND ANY PRELIMINARY FINDINGS OR RECOMMENDATIONS TO THE JOINT BUDGET COMMITTEE.

(b) (I) BY NOVEMBER 30, 2016, THE PLANNING GROUP SHALL SUBMIT TO THE GOVERNOR, THE GENERAL ASSEMBLY, AND ANY AFFECTED STATE AGENCY ITS STRATEGIC ACTION PLAN DETAILING THE WORK OF THE PLANNING GROUP AND ITS FINAL RECOMMENDATIONS.

(II) (A) IF THE STRATEGIC ACTION PLAN IDENTIFIES PROGRAMS, SERVICES, PROJECTS, POLICIES, OR PROCEDURES THAT WOULD RESULT IN COST SAVINGS, WITHOUT ADVERSELY AFFECTING THE QUALITY OF CARE AND SERVICES, AND DO NOT REQUIRE LEGISLATION, THE GOVERNOR AND THE AFFECTED STATE AGENCIES ARE ENCOURAGED TO PURSUE THE NECESSARY ACTIONS TO IMPLEMENT THE RECOMMENDATIONS, INCLUDING, AS NECESSARY, REQUESTING ADEQUATE FUNDING THROUGH THE STATE BUDGET PROCESS.

(B) IF THE STRATEGIC ACTION PLAN IDENTIFIES PROGRAMS, SERVICES, PROJECTS, POLICIES, OR PROCEDURES THAT WOULD RESULT IN COST SAVINGS, WITHOUT ADVERSELY AFFECTING THE QUALITY OF CARE AND SERVICES, THAT REQUIRE LEGISLATION, THE PLANNING GROUP SHALL RECOMMEND LEGISLATION TO IMPLEMENT THE CHANGES TO THE GOVERNOR AND THE GENERAL ASSEMBLY. IN ITS PLAN, THE PLANNING GROUP SHALL SPECIFY THE LAWS THAT NEED TO BE CREATED, AMENDED, OR REPEALED TO IMPLEMENT THE RECOMMENDATIONS.

(c) **Strategic plan updates.** (I) THE PLANNING GROUP SHALL SUBMIT TWO UPDATES TO THE STRATEGIC ACTION PLAN, ONE BY NOVEMBER 1, 2018, AND ONE BY NOVEMBER 1, 2020, TO UPDATE THE PLANNING GROUP'S ANALYSIS AND RECOMMENDATIONS.

(II) (A) THESE UPDATES SHALL INCLUDE NEW ECONOMIC AND DEMOGRAPHIC DATA AS WELL AS RESPOND TO NEW STATE AND NATIONAL PUBLIC AND PRIVATE INITIATIVES AND MUST ADDRESS A TIME PERIOD FOR ANALYSIS AND RECOMMENDATION THAT EXTENDS FIFTEEN YEARS AFTER THE DELIVERY OF THE UPDATE.

(B) THE PROCESS FOR CREATING THESE UPDATES SHALL BE DETERMINED BY THE PLANNING GROUP AS PART OF ITS STRATEGIC ACTION PLAN.

(C) NEW LEGISLATIVE OR REGULATORY RECOMMENDATIONS MAY BE OFFERED IN ORDER TO ADDRESS NEW OR CHANGING CIRCUMSTANCES.

(III) THE INITIAL PLANNING GROUP SHALL DETERMINE THE STAFFING AND PROCESS FOR UPDATING THE INITIAL STRATEGIC ACTION PLAN. THE PLANNING GROUP WILL ONLY UNDERTAKE THE PLAN UPDATES IF SUFFICIENT FUNDING IS SECURED THROUGH ADDITIONAL APPROPRIATIONS, GIFTS, GRANTS, OR DONATIONS.

24-32-3407. Strategic action plan on aging cash fund. (1) THERE IS CREATED IN THE STATE TREASURY THE STRATEGIC ACTION PLAN ON AGING CASH FUND CONSISTING OF ANY MONEYS THAT MAY BE APPROPRIATED TO THE FUND BY THE GENERAL ASSEMBLY TOGETHER WITH ANY GIFTS, GRANTS, OR DONATIONS RECEIVED BY THE PLANNING GROUP. THE PLANNING GROUP MAY SEEK AND ACCEPT GIFTS, GRANTS, OR DONATIONS FOR THE PURPOSE OF FUNDING THE PLANNING GROUP'S OPERATIONS AND DEVELOPMENT OF THE STRATEGIC ACTION PLAN. THE MONEYS IN THE FUND ARE CONTINUOUSLY APPROPRIATED TO THE PLANNING GROUP FOR THE DIRECT AND INDIRECT COSTS ASSOCIATED WITH IMPLEMENTING THIS PART 34.

(2) THE STATE TREASURER MAY INVEST ANY MONEYS IN THE FUND NOT EXPENDED FOR THE PURPOSE OF THIS PART 34 AS PROVIDED BY LAW. THE STATE TREASURER SHALL CREDIT ALL INTEREST AND INCOME DERIVED FROM THE INVESTMENT AND DEPOSIT OF MONEYS IN THE FUND TO THE FUND. ANY UNEXPENDED AND UNENCUMBERED MONEYS REMAINING IN THE FUND AT THE END OF A FISCAL YEAR REMAIN IN THE FUND AND SHALL NOT BE CREDITED OR TRANSFERRED TO THE GENERAL FUND OR ANOTHER FUND.

24-32-3408. Repeal of part - sunset review. THIS PART 34 IS

REPEALED, EFFECTIVE JULY 1, 2022. PRIOR TO SUCH REPEAL, THE PLANNING GROUP MUST BE REVIEWED AS PROVIDED FOR IN SECTION 2-3-1203, C.R.S.

SECTION 2. In Colorado Revised Statutes, 2-3-1203, **add** (3) (ii.5) (II) as follows:

2-3-1203. Sunset review of advisory committees. (3) The following dates are the dates on which the statutory authorization for the designated advisory committees is scheduled for repeal:

(ii.5) September 1, 2022:

(II) THE STRATEGIC ACTION PLANNING GROUP ON AGING ESTABLISHED PURSUANT TO SECTION 24-32-3404, C.R.S.;

SECTION 3. Appropriation. For the 2015-16 state fiscal year, \$364,915 is appropriated to the department of local affairs for use by the division of local government. This appropriation is from the general fund and is based on an assumption that the division will require an additional 0.3 FTE. To implement this act, the office may use this appropriation to support the strategic planning group tasked with investigating issues related to the increasing number of Coloradans age 50 and older.

SECTION 4. Safety clause. The general assembly hereby finds,

determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Dickey Lee Hullinghorst
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Bill L. Cadman
PRESIDENT OF
THE SENATE


Marilyn Eddins
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF
THE SENATE

APPROVED _____

John W. Hickenlooper
GOVERNOR OF THE STATE OF COLORADO





Appendix D: HB22-1035 – Modernization of the Older Coloradans Act

An Act

HOUSE BILL 22-1035

BY REPRESENTATIVE(S) Young and Bradfield, Amabile, Bacon, Benavidez, Bernett, Boesenecker, Caraveo, Catlin, Cutter, Esgar, Exum, Froelich, Gonzales-Gutierrez, Herod, Jodeh, Kennedy, Lindsay, Lontine, McCluskie, McCormick, McLachlan, Mullica, Roberts, Snyder, Titone, Valdez A., Valdez D., Bird, Gray, Hooton, McKean, Pelton, Ricks, Garnett; also SENATOR(S) Ginal and Rankin, Buckner, Coram, Gonzales, Jaquez Lewis, Kolker, Lee, Pettersen, Priola, Smallwood, Story, Winter, Woodward, Zenzinger.

CONCERNING MODERNIZATION OF THE "OLDER COLORADANS' ACT".

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, **amend** 26-11-100.2 as follows:

26-11-100.2. Legislative declaration. (1) The general assembly **hereby** finds and declares that:

(a) Older Coloradans constitute a fundamental resource of this state. Often, their competence, experience, and wisdom are underutilized, and a means must be found to EFFECTIVELY use their abilities ~~more effectively~~ for

the benefit of all Coloradans. The number of persons in this state sixty years of age or older is increasing rapidly, and, of these persons, the number of women, ~~minorities~~ PEOPLE OF COLOR, and persons seventy-five years of age or older is expanding at an even greater rate. ~~Among those persons seventy-five years of age or older, there is a higher incidence of functional disability. The social and health problems of older people are compounded by the lack of access to existing services and by the unavailability of a complete range of services in all areas of the state. The ability of older people to maintain self-sufficiency and personal well-being with the dignity to which their years of labor entitle them and to realize their maximum potential as creative and productive individuals are matters of profound importance and concern for all Coloradans.~~

(b) A STATE THAT IS WELL-ADAPTED FOR AGING IS ONE WHERE ALL INDIVIDUALS CAN THRIVE AND ARE ADEQUATELY SUPPORTED: A COLORADO FOR ALL. COLORADO MUST SUPPORT A HIGH QUALITY OF LIFE FOR OLDER COLORADANS AND THEIR FAMILIES BY PROMOTING HEALTH AND WELL-BEING; SUPPORTING AFFORDABLE, HIGH-QUALITY, AND SUSTAINABLE LONG-TERM SERVICES AND SUPPORTS; FOSTERING WORKFORCE DEVELOPMENT AND SELF-SUFFICIENCY; CREATING LIVABLE COMMUNITIES; AND INTEGRATING AGING POLICY AND PROGRAMS ACROSS STATE GOVERNMENT.

(c) TO ENSURE THAT COLORADO IS THE BEST STATE IN WHICH TO GROW OLD, THE FOLLOWING GOALS MUST GUIDE AGING AND AGING SERVICES IN COLORADO:

(I) OLDER COLORADANS ARE ABLE TO LIVE AND FULLY PARTICIPATE IN THEIR COMMUNITIES OF CHOICE FOR AS LONG AS POSSIBLE;

(II) OLDER COLORADANS ARE ABLE TO STAY ENGAGED IN THE LABOR FORCE OR VOLUNTEER SECTOR FOR AS LONG AS THEY WANT OR NEED;

(III) OLDER COLORADANS AND THEIR FAMILIES ARE FINANCIALLY SECURE AND PREPARED TO MEET THE CHALLENGES OF AGING;

(IV) COLORADANS ARE PREPARED FOR THE CHALLENGES OF CARING FOR AGED LOVED ONES AND ARE ABLE TO DO SO WITHOUT ENDANGERING THEIR OWN PHYSICAL, BEHAVIORAL, AND FINANCIAL HEALTH OR WELL-BEING OR THE HEALTH AND WELL-BEING OF THEIR LOVED ONES;

PAGE 2-HOUSE BILL 22-1035

(V) TRAINED WORKERS ARE SKILLED, EDUCATED, AND PAID COMMENSURATE TO THEIR ABILITIES AND TRAINING TO MEET THE NEEDS OF EMPLOYERS AND INDUSTRIES SERVING AN INCREASING POPULATION OF OLDER COLORADANS;

(VI) OLDER COLORADANS CAN STAY HEALTHIER LONGER THROUGH ACCESS TO QUALITY AND AFFORDABLE PERSON-CENTERED AND CULTURALLY APPROPRIATE CARE THAT ALIGNS WITH THEIR PREFERENCES AND VALUES;

(VII) THE STATE CAN MEET ITS COMMITMENT TO SUPPORT OLDER COLORADANS AND THEIR FAMILIES; AND

(VIII) COLORADO CAN EMPOWER AND PROTECT OLDER COLORADANS FROM ABUSE, NEGLECT, EXPLOITATION, AND OTHER HARMFUL ACTS;

(d) COLORADO FACES A HISTORIC DEMOGRAPHIC SHIFT OVER THE NEXT FIFTY YEARS THAT WILL CREATE OPPORTUNITIES AND CHALLENGES. THIS SHIFT WILL RESULT IN AN UNPRECEDENTED NUMBER OF OLDER WORKERS REMAINING IN THE WORKFORCE AND OLDER COLORADANS SHIFTING INTO RETIREMENT. THE DEMOGRAPHIC CHANGES WILL RESULT IN WIDE-RANGING ECONOMIC AND SOCIAL IMPACTS ON THE WORKFORCE, HOUSING, TRANSPORTATION, LONG-TERM SERVICES AND SUPPORTS, AND HEALTH CARE. THE STATE MUST ACT TO CAPITALIZE ON THE OPPORTUNITIES AND ADDRESS THE CHALLENGES.

(e) TO ENSURE THAT OLDER COLORADANS ARE PREPARED TO ADDRESS AGING-RELATED OPPORTUNITIES AND CHALLENGES, IT IS CRITICAL THAT THE STATE EMPOWER AND EDUCATE RESIDENTS FROM AN EARLY AGE TO PREPARE FOR THE REALITIES OF A LONG LIFE. THE STATE SHOULD ENCOURAGE RESIDENTS TO ENGAGE IN RETIREMENT PLANNING, HEALTH AND WELLNESS PRESERVATION ACTIVITIES AND SERVICES, LIFELONG LEARNING, CROSS-GENERATIONAL COLLABORATION, AND CIVIC ENGAGEMENT.

(f) AGING IS A PERSONAL EXPERIENCE THAT VARIES FROM PERSON TO PERSON. COLORADANS WILL AGE DIFFERENTLY, WITH SOME REMAINING MENTALLY AND PHYSICALLY CAPABLE UNTIL THEY DIE AND OTHERS EXPERIENCING MENTAL AND PHYSICAL DISABILITIES EARLIER IN LIFE. AS A RESULT, OLDER COLORADANS AND THEIR FAMILIES ARE PRESENTED WITH VARYING OPPORTUNITIES AND CHALLENGES ACROSS THEIR LIVES. SOME OLDER COLORADANS WILL CONTINUE TO LIVE INDEPENDENTLY IN THEIR OWN

HOMES WHILE OTHERS WILL REQUIRE LONG-TERM SKILLED NURSING CARE. IN COORDINATION WITH STATE DEPARTMENT SUBJECT MATTER EXPERTS, AREA AGENCIES ON AGING, LOCAL GOVERNMENTS, AND COMMUNITY STAKEHOLDERS, IT IS A PRIORITY OF THE GENERAL ASSEMBLY TO EXAMINE THE COMPLEXITY OF THESE ISSUES AND DEVELOP POLICIES THAT SUPPORT COMMUNITIES AND FAMILIES ACROSS COLORADO. THE AGING PROCESS IS FURTHER IMPACTED BY HISTORICAL DISPARITIES, INCLUDING BUT NOT LIMITED TO STRUCTURAL RACISM, SEXISM, AND AGEISM. THE SOCIAL AND HEALTH PROBLEMS OF OLDER COLORADANS ARE COMPOUNDED BY LIMITED PREPARATION FOR AN INCREASE IN LIFE EXPECTANCY AND LACK OF ACCESS TO SERVICES, OR THE UNAVAILABILITY OF SERVICES, THROUGHOUT THE STATE. IT IS OF PROFOUND IMPORTANCE FOR ALL COLORADANS THAT OLDER COLORADANS MAINTAIN SELF-SUFFICIENCY AND PERSONAL WELL-BEING, HAVE ACCESS TO NECESSARY SERVICES AND SUPPORTS, AND REALIZE THEIR MAXIMUM POTENTIAL AS CREATIVE AND PRODUCTIVE INDIVIDUALS.

~~(2) (a) The general assembly further declares that it is the policy of this state: To protect older Coloradans from abuse, neglect, or exploitation; to involve older Coloradans in the planning and operation of all programs and services that may affect them; to encourage agencies at all levels of government, as well as in the private sector, to develop alternative services and forms of care that would provide a range of services to be delivered in the community and in the home and that would facilitate access to other services which support independent living and prevent unnecessary institutionalization; to give priority in planning services and programs to those older Coloradans with the greatest economic need or the greatest social need; and to facilitate and encourage joint program planning and policy development among state and local agencies which recognize and strengthen the community and personal support networks to which people belong and on which they depend and which administer programs and deliver services to the older population. THEREFORE, THE GENERAL ASSEMBLY FINDS THAT IT IS COLORADO'S POLICY TO:~~

(I) EMPOWER AND PROTECT OLDER COLORADANS FROM ABUSE, NEGLECT, EXPLOITATION, AND OTHER HARMFUL ACTS;

(II) MEANINGFULLY INVOLVE OLDER COLORADANS IN THE PLANNING AND OPERATION OF ALL PROGRAMS AND SERVICES THAT MAY AFFECT THEM;

(III) ENCOURAGE AGENCIES AT ALL LEVELS OF GOVERNMENT, AS

PAGE 4-HOUSE BILL 22-1035

WELL AS THE PRIVATE SECTOR, TO DEVELOP ALTERNATIVE SERVICES AND FORMS OF CARE THAT PROVIDE A RANGE OF SERVICES TO BE DELIVERED IN THE COMMUNITY AND HOME THAT SUPPORT INDEPENDENT LIVING AND PREVENT UNNECESSARY INSTITUTIONALIZATION;

(IV) REDUCE HEALTH DISPARITIES AND SUPPORT AGING ACROSS AN INDIVIDUAL'S LIFESPAN;

(V) PRIORITIZE PLANNING SERVICES AND PROGRAMS FOR OLDER COLORADANS WITH THE GREATEST ECONOMIC OR SOCIAL NEEDS;

(VI) ACKNOWLEDGE AND REMOVE BARRIERS TO ENSURE PROGRAMS, SERVICES, PROJECTS, POLICIES, PROCEDURES, AND RESOURCES ARE INCLUSIVE OF ALL OLDER COLORADANS, PARTICULARLY THOSE WHO ARE MOST UNDERSERVED;

(VII) RECOGNIZE THAT PREPARING ALL COLORADANS FOR THE DIFFERENT FACETS OF A LONGER LIFE IS PART OF THE STATE'S RESPONSIBILITY; AND

(VIII) FACILITATE AND ENCOURAGE JOINT PROGRAM PLANNING AND POLICY DEVELOPMENT AMONG STATE, REGIONAL, AND LOCAL GOVERNMENT TO PROMOTE INNOVATION, EFFICIENCY, AND MAXIMIZE RESOURCES;

(b) IN ORDER TO SUPPORT OLDER COLORADANS, THE GENERAL ASSEMBLY FINDS THAT A CITIZEN-LED, MULTIDISCIPLINARY STAKEHOLDER COMMISSION, COMPRISED OF REPRESENTATIVES FROM BOTH THE PUBLIC AND PRIVATE SECTORS, IS NEEDED TO COORDINATE AND CONTRIBUTE TO GUIDING STATE PROGRAMS, SERVICES, PROJECTS, POLICIES, PROCEDURES, AND RESOURCES IN THE AREA OF AGING.

SECTION 2. In Colorado Revised Statutes, **amend** 26-11-101 as follows:

26-11-101. Commission on aging - created - definition.

(1) (a) There is ~~hereby~~ created in the state department the Colorado commission on the aging, referred to in this ~~article~~ ARTICLE 11 as the "commission", ~~which shall consist of seventeen members appointed by the governor, with the consent of the senate. Two members shall be appointed from each congressional district of the state, one of whom shall be from~~

~~each major political party, and, after July 1, 1976, and thereafter when a vacancy occurs, one of such members shall be from west of the continental divide. A vacancy on the commission occurs whenever any member moves out of the congressional district from which he or she was appointed. Any member who moves out of such congressional district shall promptly notify the governor of the date of such move, but such notice is not a condition precedent to the occurrence of the vacancy. The governor shall fill the vacancy as provided in subsection (2) of this section. Appointments made to take effect on January 1, 1983, shall be made in accordance with section 24-1-135, C.R.S. No more than nine members of the commission shall be members of the same major political party. One member shall be appointed from the state at large, one member shall be appointed from among the membership of the senate, and one member shall be appointed from among the membership of the house of representatives. Appointments to the commission shall comply with the requirements of the rules and regulations of the United States department of health and human services promulgated pursuant to Public Law 93-29, known as the "Older Americans Comprehensive Services Amendments of 1973", as such rules and regulations appear in section 903.50 (c) of title 45 of the code of federal regulations. In making appointments to the commission, the governor is encouraged to include representation by at least one member who is a person with a disability, a family member of a person with a disability, or a member of an advocacy group for persons with disabilities, provided that the other requirements of this subsection (1) are met FOR THE PURPOSE OF COORDINATING AND GUIDING THE IMPLEMENTATION OF THE STRATEGIC ACTION PLAN ON AGING, DEVELOPED PURSUANT TO SECTION 24-32-3406, AND OTHER STRATEGIES THE COMMISSION MAY IDENTIFY THAT SUPPORT OLDER COLORADANS. THE COMMISSION SHALL CONSIST OF NINETEEN MEMBERS WHO MUST BE APPOINTED AS FOLLOWS:~~

(I) ONE MEMBER FROM THE COLORADO SENATE, APPOINTED BY THE PRESIDENT OF THE SENATE;

(II) ONE MEMBER FROM THE COLORADO HOUSE OF REPRESENTATIVES, APPOINTED BY THE SPEAKER OF THE HOUSE OF REPRESENTATIVES; AND

(III) SEVENTEEN MEMBERS APPOINTED BY THE GOVERNOR, WITH THE CONSENT OF THE SENATE, AS FOLLOWS:

PAGE 6-HOUSE BILL 22-1035

(A) ONE MEMBER FROM EACH CONGRESSIONAL DISTRICT OF THE STATE;

(B) ONE MEMBER WHO IS A REPRESENTATIVE OF HIGHER EDUCATION OR THE COLORADO COMMUNITY COLLEGE SYSTEM;

(C) ONE MEMBER WHO IS A DIRECTOR OF AN AREA AGENCY ON AGING, AS DESCRIBED IN SECTION 26-11-204;

(D) ONE MEMBER WITH EXTENSIVE KNOWLEDGE OF WORKFORCE ISSUES IMPACTING OLDER COLORADANS;

(E) ONE MEMBER WHO REPRESENTS A LONG-TERM RESIDENTIAL CARE SETTING;

(F) ONE MEMBER WHO REPRESENTS COLORADANS LIVING WITH DEMENTIA;

(G) ONE MEMBER WHO REPRESENTS AN ORGANIZATION PROVIDING HOME- AND COMMUNITY-BASED SERVICES;

(H) ONE MEMBER WITH EXTENSIVE KNOWLEDGE OF OR EXPERIENCE WITH TRANSPORTATION INFRASTRUCTURE AND SERVICES;

(I) ONE MEMBER WHO REPRESENTS THE HOUSING SECTOR; AND

(J) ONE MEMBER OF THE PUBLIC POLICY OR ELDER LAW COMMUNITY WITH EXTENSIVE KNOWLEDGE OF AND EXPERIENCE WITH AGING POLICY OR ELDER RIGHTS ISSUES.

(b) IN MAKING APPOINTMENTS PURSUANT TO SUBSECTION (1)(a)(III) OF THIS SECTION, THE GOVERNOR SHALL APPOINT NO MORE THAN A MINIMUM MAJORITY OF COMMISSION MEMBERS AFFILIATED WITH THE SAME POLITICAL PARTY. IN MAKING APPOINTMENTS, THE GOVERNOR SHALL SELECT:

(I) MEMBERS WHO REPRESENT DIVERSE RACIAL, CULTURAL, SOCIOECONOMIC, GENDER, AND ABILITY GROUPS, AND INDIVIDUALS RECEIVING COMMUNITY-BASED SOCIAL OR MEDICAL SERVICES THAT SUPPORT INDEPENDENT LIVING;

(II) FOR THE CONGRESSIONAL DISTRICT MEMBERS, AT LEAST ONE MEMBER WHO IS SIXTY YEARS OF AGE OR OLDER, OR WHO IS A PERSON LIVING WITH A DISABILITY, OR WHO HAS A FAMILY MEMBER LIVING WITH A DISABILITY;

(III) AT LEAST ONE MEMBER WHO REPRESENTS RURAL OR FRONTIER AREAS OF THE STATE;

(IV) AT LEAST ONE REPRESENTATIVE FROM A LOCAL GOVERNMENT;
AND

(V) AT LEAST ONE REPRESENTATIVE OF THE BUSINESS COMMUNITY IN ORDER TO CONSIDER THE POTENTIAL FOR INITIATIVES DEVELOPED IN THE PRIVATE, FOR-PROFIT SECTOR.

(c) APPOINTMENTS TO THE COMMISSION MUST COMPLY WITH THE RULES PROMULGATED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES PURSUANT TO THE FEDERAL "OLDER AMERICANS COMPREHENSIVE SERVICES AMENDMENTS OF 1973", PUB.L. 93-29, AS AMENDED.

~~(2) (a) All members of the commission shall be appointed for terms of four years each, commencing July 1 in the year of appointment. Appointments to fill vacancies shall be for the unexpired term of the vacated office and shall be made in the same manner as original appointments. Whenever a member of the senate or house of representatives serving as a member of the commission ceases to hold his office in the senate or house of representatives, a vacancy on the commission shall occur, and the governor shall fill the vacancy by the appointment of a similarly qualified person who at the time is holding office, as the case may be, in the senate or house of representatives.~~ A MINIMUM MAJORITY OF THE COMMISSION MEMBERS SHALL BE APPOINTED FOR AN INITIAL TERM OF TWO YEARS EACH AND THE REMAINING COMMISSION MEMBERS SHALL BE APPOINTED FOR AN INITIAL TERM OF THREE YEARS EACH. THE GOVERNOR SHALL INDICATE WHETHER THE APPOINTED PERSON IS SERVING A TWO-YEAR TERM OR A THREE-YEAR TERM. APPOINTMENTS MADE AFTER THE EXPIRATION OF THE INITIAL TERM ARE THREE-YEAR TERMS. IF A VACANCY ON THE COMMISSION OCCURS, THE GOVERNOR SHALL APPOINT A NEW MEMBER FROM THE APPROPRIATE REPRESENTATIVE GROUP TO SERVE THE REMAINDER OF THE MEMBER'S TERM. NO MEMBER MAY SERVE MORE THAN

PAGE 8-HOUSE BILL 22-1035

TWO FULL CONSECUTIVE TERMS.

(b) THE TERMS OF PRESENT MEMBERS APPOINTED PURSUANT TO THIS SECTION EXPIRE ON AUGUST 31, 2022. THE GOVERNOR SHALL APPOINT NEW MEMBERS PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION AND THE APPOINTMENTS ARE EFFECTIVE SEPTEMBER 1, 2022.

(3) AS USED IN THIS SECTION, "MINIMUM MAJORITY" MEANS THE LOWEST NUMBER OF MEMBERS THAT IS MORE THAN HALF OF ALL COMMISSION MEMBERS.

SECTION 3. In Colorado Revised Statutes, **amend** 26-11-102 as follows:

26-11-102. Organization of commission. (1) The commission shall elect AN EXECUTIVE COMMITTEE from its membership, INCLUDING a ~~chairman~~ CHAIR, a ~~vice-chairman~~ VICE-CHAIR, and such other officers as it deems necessary. The ~~vice-chairman~~ VICE-CHAIR shall act as ~~chairman~~ CHAIR in the absence OF or ~~disability~~ AT THE DIRECTION of the ~~chairman~~ CHAIR. The commission shall meet IN PERSON OR VIRTUALLY on call of the ~~chairman~~ CHAIR but not less than once ~~every three months~~ A MONTH. A majority of the members of the commission ~~shall constitute~~ CONSTITUTES a quorum for the transaction of business. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR COORDINATING WITH THE STATE OFFICE ON AGING ESTABLISHED IN SECTION 26-11-202, RELEVANT STATE AGENCIES, AND MEMBERS OF THE GENERAL ASSEMBLY.

(2) (a) THE COMMISSION MAY ESTABLISH STANDING SUBCOMMITTEES TO SUPPORT THE IMPLEMENTATION OF THE STRATEGIC ACTION PLAN ON AGING, DEVELOPED PURSUANT TO SECTION 24-32-3406, AND WORK RELATED TO THE LIFELONG COLORADO INITIATIVE ESTABLISHED IN PART 3 OF THIS ARTICLE 11. THE SUBCOMMITTEE TOPICS MAY INCLUDE, BUT ARE NOT LIMITED TO:

- (I) WORKFORCE OPPORTUNITIES FOR OLDER COLORADANS;
- (II) THE DIRECT-CARE WORKFORCE;
- (III) HOUSING OPTIONS FOR OLDER COLORADANS;

- (IV) AGE-FRIENDLY, AFFORDABLE, AND LIVABLE COMMUNITIES;
- (V) HEALTH CARE;
- (VI) CHRONIC DISEASE PREVENTION AND MAINTENANCE;
- (VII) BEHAVIORAL HEALTH;
- (VIII) LIFELONG LEARNING;
- (IX) RETIREMENT SECURITY;
- (X) LEGISLATIVE AND LOCAL GOVERNMENT AFFAIRS;
- (XI) TRANSPORTATION;
- (XII) DISPARITIES AMONG OLDER COLORADANS;
- (XIII) ELDER RIGHTS; AND
- (XIV) INNOVATION AND TECHNOLOGY.

(b) EACH STANDING SUBCOMMITTEE MUST BE CHAIRED BY A MEMBER OF THE COMMISSION BUT MAY INCLUDE MEMBERSHIP BEYOND COMMISSION MEMBERS, INCLUDING MEMBERS OF THE GENERAL PUBLIC WHO VOLUNTEER TO PARTICIPATE IN A SPECIFIC SUBCOMMITTEE. NONCOMMISSION MEMBERS MAY BE CO-CHAIRS OR VICE-CHAIRS. THE MEMBERSHIP SELECTION PROCESS MAY BE DETERMINED IN THE COMMISSION BYLAWS.

SECTION 4. In Colorado Revised Statutes, amend 26-11-104 as follows:

26-11-104. Director - liaison and staff. (1) Pursuant to section 13 of article XII of the state constitution, the executive director shall appoint ~~the director of the commission and such clerical and professional staff as may be necessary to carry out the purposes of this article. The director of the commission shall be the chief administrative officer for the commission and shall be a person who is professionally qualified to assume the responsibilities of the position~~ A STATE DEPARTMENT LIAISON TO THE COMMISSION AND ADMINISTRATIVE STAFF AS NECESSARY TO CARRY OUT THE

DUTIES OF THE POSITION. THE STATE DEPARTMENT LIAISON MUST BE PROFESSIONALLY QUALIFIED TO ASSUME THE RESPONSIBILITIES OF THE POSITION, BE THE PRIMARY CONTACT FOR THE COMMISSION, AND COORDINATE COMMISSION-RELATED DUTIES WITH THE STATE DEPARTMENT AND THE COMMISSION'S EXECUTIVE COMMITTEE DESCRIBED IN SECTION 26-11-102 (1).

(2) SUBJECT TO AVAILABLE APPROPRIATIONS, THE COMMISSION, IN COORDINATION WITH THE STATE DEPARTMENT, MAY CONTRACT WITH A THIRD-PARTY ORGANIZATION TO SERVE AS INDEPENDENT STAFF TO THE COMMISSION IN ORDER TO COORDINATE WITH THE STATE DEPARTMENT LIAISON AND THE LIAISON'S STAFF, PROVIDE ADMINISTRATIVE SUPPORT FOR THE COMMISSION'S PURPOSE AND DUTIES, AND CARRY OUT OTHER FUNCTIONS THE COMMISSION ASSIGNS.

(3) THE COMMISSION MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE PURPOSES OF THIS SECTION TO SUPPORT GENERAL OPERATIONS, SPECIAL PROJECTS, RESEARCH, AND STAFFING NEEDS.

SECTION 5. In Colorado Revised Statutes, **amend** 26-11-105 as follows:

26-11-105. Duties of commission - report. (1) The commission, through its ~~director~~ EXECUTIVE COMMITTEE DESCRIBED IN SECTION 26-11-102 (1); IN COORDINATION WITH THE STATE DEPARTMENT LIAISON TO THE COMMISSION, APPOINTED PURSUANT TO SECTION 26-11-104; AND IN COORDINATION WITH INDEPENDENT STAFF, CONTRACTED PURSUANT TO SECTION 26-11-104, shall carry out the following ~~purposes~~ DUTIES:

(a) SERVE AS THE PRINCIPAL ADVOCACY BODY IN THE STATE ON BEHALF OF OLDER COLORADANS, INCLUDING BUT NOT LIMITED TO PARTICIPATING AS AN ADVISOR IN THE DEVELOPMENT AND CONSIDERATION OF LEGISLATION, AND REGULATIONS MADE BY STATE AND FEDERAL DEPARTMENTS AND AGENCIES, RELATING TO PROGRAMS AND SERVICES THAT AFFECT OLDER COLORADANS;

(b) COORDINATE AND IMPLEMENT THE STRATEGIC ACTION PLAN ON AGING RECOMMENDATIONS, DEVELOPED PURSUANT TO SECTION 24-32-3406, AND ADDITIONAL RECOMMENDATIONS THE COMMISSION MAKES;

~~(a)~~ (c) Conduct, and encourage ~~other~~ PRIVATE AND NONPROFIT organizations AND STATE, REGIONAL, AND LOCAL GOVERNMENT AGENCIES to ~~conduct, studies of the problems of the state's older people~~ CONDUCT RESEARCH AND ANALYSIS RELATED TO THE STATE'S AGING POPULATION;

~~(b)~~ (d) Assist governmental and private agencies to coordinate their efforts on behalf of ~~the aging and aged~~ OLDER COLORADANS in order that such efforts be effective and that duplication and waste of effort be eliminated;

~~(c)~~ (e) Promote and aid in the establishment of FEDERAL, STATE, REGIONAL, AND local POLICIES, programs, and services ~~for the aging and aged~~ THAT SUPPORT AND EMPOWER OLDER COLORADANS AND THEIR CAREGIVERS, WHO ARE EITHER PAID OR UNPAID. The commission shall assist governmental and private agencies by designing surveys that may be used ~~locally~~ AT THE LOCAL, REGIONAL, OR STATE LEVEL to determine needs of older people; by recommending the creation OR MODIFICATION of POLICIES, PROGRAMS, AND services TO MEET IDENTIFIED NEEDS; by collection and distribution of information on aging; and by assisting public and private organizations in all ways the commission may deem appropriate.

~~(d)~~ (f) Conduct promotional activities and programs of public education ~~on problems of the~~ RELEVANT TO aging;

~~(e)~~ (g) ~~Review existing programs for the aging and make recommendations to the governor and the general assembly for improvements in such programs;~~ REVIEW EXISTING POLICIES AND PROGRAMS ACROSS STATE AGENCIES, AND ON OR BEFORE SEPTEMBER 1, 2023, AND ON OR BEFORE SEPTEMBER 1 EACH YEAR THEREAFTER, DRAFT AN ANNUAL REPORT OF ISSUES AND RECOMMENDATIONS DEVELOPED BY THE COMMISSION THAT SUPPORT THE IMPLEMENTATION OF STRATEGIES IN ALIGNMENT WITH THE STRATEGIC ACTION PLAN ON AGING DEVELOPED PURSUANT TO SECTION 24-32-3406, THE LIFELONG COLORADO INITIATIVE CREATED PURSUANT TO SECTION 26-11-302, AND OTHER RECOMMENDATIONS THAT THE COMMISSION MAKES. THE COMMISSION SHALL SUBMIT THE ANNUAL REPORT TO THE GOVERNOR, EXECUTIVE DIRECTORS OF IMPACTED AGENCIES, AND THE GENERAL ASSEMBLY.

~~(f)~~ (h) ~~Advise and make recommendations to the state department and the state office on aging, created pursuant to part 2 of this article, on the~~

~~problems of and programs and services for the aging and aged. IDENTIFY AND MAKE RECOMMENDATIONS TO IMPACTED STATE AGENCIES ON ACUTE CONCERNS IMPACTING OLDER COLORADANS THAT ARISE DUE TO PUBLIC HEALTH EMERGENCIES, NATURAL DISASTERS, HISTORICAL DISPARITIES SUCH AS RACISM, OR OTHER ISSUES TIED DIRECTLY TO CURRENT EVENTS THAT REQUIRE IMMEDIATE PROBLEM SOLVING AND ADVOCACY;~~

~~(g)(i)(I) Study and make recommendations to ensure that people who are released from prison who are sixty-five years of age or older are able to access health insurance after release, including:~~

~~(A) Health insurance options that might be available, including medicare, medicaid, social security, the old age pension fund, or any other potential options for health-care insurance, and any eligibility criteria that may uniquely impact a formerly incarcerated population;~~

~~(B) Enrollment processes for each health insurance option and the cost for each option;~~

~~(C) Processes the department of corrections would need to have in place, both prior to release and after release, to ensure people sixty-five years of age or older are able to enroll in affordable health insurance upon release;~~

~~(D) Potential challenges, gaps, or resources needed to ensure that inmates sixty-five years of age or older have health insurance upon release; and~~

~~(E) Any other recommendations relevant to improving health-care access for people sixty-five years of age or older after release from prison:~~

~~(H) On or before January 1, 2022, the commission shall provide a report with its findings and recommendations pursuant to this subsection (1)(g) to the judiciary and health and insurance committees of the house of representatives and the judiciary and health and human services committees of the senate, or any successor committees. The department of human services shall post the report on the Colorado commission on aging's website.~~

(i) CONTRIBUTE DIRECTLY TO ADDITIONAL AND ONGOING ANALYSIS

AND IMPLEMENTATION OF THE STRATEGIC PLAN ON AGING DEVELOPED PURSUANT TO SECTION 24-32-3406 AND ALIGNED WITH THE LIFELONG COLORADO INITIATIVE ESTABLISHED IN PART 3 OF THIS ARTICLE 11; AND

(j) DEVELOP LEGISLATIVE AND ADMINISTRATIVE PROPOSALS IN COORDINATION WITH STATE DEPARTMENT LIAISONS AND LEGISLATIVE DESIGNEES AND COORDINATE ADVOCACY EFFORTS WITH APPROPRIATE COMMUNITY STAKEHOLDERS.

SECTION 6. In Colorado Revised Statutes, 26-11-201, **amend** (6) as follows:

26-11-201. Definitions. As used in this part 2, unless the context otherwise requires:

(6) "Greatest social need" means the need caused by noneconomic factors, ~~which include physical and mental disabilities, language barriers, and cultural or social isolation, including that caused by racial and ethnic status, which~~ AS ASSOCIATED WITH THE FEDERALLY PROTECTED CLASS STATUSES RECOGNIZED BY SECTION 504 OF THE FEDERAL "REHABILITATION ACT OF 1973", 29 U.S.C. SEC. 794, AS AMENDED; THE FEDERAL "AMERICANS WITH DISABILITIES ACT OF 1990", 42 U.S.C. SEC. 12101 ET SEQ., AS AMENDED; AND TITLE VII OF THE FEDERAL "CIVIL RIGHTS ACT OF 1964", 42 U.S.C. SEC. 2000e ET SEQ., AS AMENDED, THAT restrict an individual's ability to perform normal daily tasks or ~~which~~ THAT threaten ~~his~~ AN INDIVIDUAL'S capacity to live independently.

SECTION 7. In Colorado Revised Statutes, **amend** 26-11-203 as follows:

26-11-203. Duties of the state office. (1) In addition to such other duties and functions as the executive director may allocate to the state office, the state office shall have the following duties and functions:

(a) TO BE THE LEADER CONCERNING AGING ISSUES ON BEHALF OF ALL OLDER COLORADANS WHILE ACTING IN COORDINATION WITH OTHER STATE DEPARTMENTS AND AGENCIES, AS APPROPRIATE;

(b) TO CARRY OUT A WIDE RANGE OF FUNCTIONS RELATED TO ADVOCACY, PLANNING, COORDINATION, INTERAGENCY COLLABORATION,

PAGE 14-HOUSE BILL 22-1035

INFORMATION SHARING, AND MONITORING AND EVALUATING TO DEVELOP AND ENHANCE A COMPREHENSIVE AND COORDINATED STATE- AND COMMUNITY-BASED SYSTEM TO ASSIST OLDER COLORADANS TO LEAD INDEPENDENT, MEANINGFUL, AND DIGNIFIED LIVES IN THE RESIDENTIAL SETTINGS OF THEIR OWN CHOICE;

(a) (c) To develop and administer a state plan on aging, which includes input from area agencies on aging DEVELOPED IN ACCORDANCE WITH FEDERAL GUIDELINES, WITH ADDITIONAL CONTENT TO THE PLAN TO BE DETERMINED COLLABORATIVELY BETWEEN THE STATE OFFICE, THE COMMISSION, AND THE TECHNICAL ADVISORY COMMITTEE CONVENED IN THE STATE OFFICE PURSUANT TO SUBSECTION (1)(k) OF THIS SECTION. THE ADDITIONAL CONTENT TO THE PLAN REFLECTS THE COMPREHENSIVE IMPACTS AND PLANNING ASSOCIATED WITH COLORADO'S DEMOGRAPHICS.

(b) (d) To establish a process that encourages local, regional, and statewide participation in the development stages of the state plan on aging, which shall be coordinated with the area agencies on aging, the commission established ~~under~~ PURSUANT TO part 1 of this ~~article~~ ARTICLE 11, and other persons or entities involved in programs for older persons;

(c) (e) To assist public and nonprofit private agencies AND THE FOR-PROFIT SECTOR in planning and developing programs to facilitate a statewide network of comprehensive, coordinated services and opportunities for older persons COLORADANS, giving priority to those agencies, programs, services, and activities that support independent living, PREPARE COLORADANS FOR THEIR LATER YEARS, AND EMPOWER OLDER COLORADANS TO BE SELF-RELIANT AND INDEPENDENT, WHICH INCLUDES FOSTERING PUBLIC-PRIVATE PARTNERSHIPS WHEN APPROPRIATE;

(d) (f) To study those aspects of the problems of aging necessary to accomplish the purpose of state policy through such activities as conducting research, computing statistics, ~~and~~ EVALUATING EMERGING TECHNOLOGIES AND INNOVATIONS, holding hearings, AND DRAFTING POLICY RECOMMENDATIONS;

(e) (g) To maintain a clearinghouse of information related to the interests and needs of older persons COLORADANS and act as a referral service for the dissemination of ~~said~~ THE information;

(f) (h) To assess the need for services to be provided to the older population within the state and determine the extent to which the state's service delivery system serves ~~said~~ THAT population, with particular emphasis on older ~~persons~~ COLORADANS with the greatest economic and social needs, AS WELL AS EMPOWERING OLDER COLORADANS TO PLAN FOR THE NEEDS OF INCREASED LIFE EXPECTANCY;

(g) (i) To encourage and support the involvement of volunteers and seek ways to utilize the private sector to ~~assume greater responsibility in meeting the needs of older persons;~~ and CAPITALIZE ON THE OPPORTUNITIES TO SUPPORT OLDER COLORADANS AND THEIR FAMILIES;

(h) (j) To designate area agencies on aging to assist the state office in carrying out its functions in specified geographic areas within the state;

(k) TO CONVENE AND COORDINATE A TECHNICAL ADVISORY COMMITTEE COMPRISED OF KEY STATE DEPARTMENT REPRESENTATIVES, INCLUDING BUT NOT LIMITED TO THE DEPARTMENT OF HUMAN SERVICES, DEPARTMENT OF LABOR AND EMPLOYMENT, DEPARTMENT OF HIGHER EDUCATION, DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, DEPARTMENT OF TRANSPORTATION, DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, AND DEPARTMENT OF LOCAL AFFAIRS TO DIRECT THE IMPLEMENTATION OF RECOMMENDATIONS AND STRATEGIES PROVIDED IN THE STRATEGIC ACTION PLAN ON AGING DEVELOPED PURSUANT TO SECTION 24-32-3406 AND RECOMMENDATIONS THE COMMISSION MAKES AS SET FORTH IN SECTION 26-11-105; AND

(l) TO COORDINATE WITH THE TECHNICAL ADVISORY COMMITTEE AND COMMISSION TO DEVELOP, MAINTAIN, AND MAKE PUBLICLY AVAILABLE ON THE STATE DEPARTMENT'S WEBSITE A COLLECTION OF AVAILABLE DATA SETS; METRICS SPECIFIC TO THE IMPLEMENTATION OF STRATEGIES IN ALIGNMENT WITH THE STRATEGIC ACTION PLAN ON AGING DEVELOPED PURSUANT TO SECTION 24-32-3406 AND THE LIFELONG COLORADO INITIATIVE CREATED PURSUANT TO SECTION 26-11-302; AND OTHER RECOMMENDATIONS THAT THE COMMISSION MAKES AS SET FORTH IN SECTION 26-11-105.

SECTION 8. In Colorado Revised Statutes, **add** part 3 to article 11 of title 26 as follows:

PAGE 16-HOUSE BILL 22-1035

PART 3
LIFELONG COLORADO INITIATIVE

26-11-301. Definitions. AS USED IN THIS PART 3, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "EXECUTIVE COMMITTEE" MEANS THE EXECUTIVE COMMITTEE ELECTED BY THE COMMISSION IN ACCORDANCE WITH SECTION 26-11-102.

(2) "LIFELONG COLORADO INITIATIVE" MEANS THE LIFELONG COLORADO INITIATIVE CREATED IN SECTION 26-11-302 TO LEAD THE DEVELOPMENT AND IMPLEMENTATION OF STATE, REGIONAL, AND LOCAL STRATEGIES THAT SUPPORT AGING AND ASSIST OLDER COLORADANS TO LEAD INDEPENDENT, MEANINGFUL, AND DIGNIFIED LIVES IN AGE-APPROPRIATE AND AFFORDABLE HOUSING WITHIN THEIR COMMUNITIES.

(3) "STATE OFFICE" MEANS THE STATE OFFICE ON AGING WITHIN THE DEPARTMENT OF HUMAN SERVICES CREATED IN SECTION 26-11-202.

(4) "STRATEGIC ACTION PLAN ON AGING" MEANS THE STRATEGIC ACTION PLAN ON AGING DEVELOPED PURSUANT TO SECTION 24-32-3406.

(5) "TECHNICAL ADVISORY COMMITTEE" MEANS THE TECHNICAL ADVISORY COMMITTEE CONVENED IN THE STATE OFFICE PURSUANT TO SECTION 26-11-203.

26-11-302. Lifelong Colorado initiative - created - reporting.

(1) THERE IS CREATED THE LIFELONG COLORADO INITIATIVE WITHIN THE STATE OFFICE. THE PURPOSE OF THE LIFELONG COLORADO INITIATIVE IS TO:

(a) REPRESENT STATE, REGIONAL, AND LOCAL STRATEGIES THAT SUPPORT AGING AND ASSIST OLDER COLORADANS TO LEAD INDEPENDENT, MEANINGFUL, AND DIGNIFIED LIVES IN THEIR OWN HOMES AND COMMUNITIES;

(b) REPRESENT THE CONTINUED GOALS, PRIORITIES, AND STRATEGIES ALIGNED WITH THE STRATEGIC ACTION PLAN ON AGING AND OTHER STRATEGIES DEVELOPED THROUGH ONGOING WORK IN THE PUBLIC, PRIVATE, AND NONPROFIT SECTORS THAT SUPPORT OLDER COLORADANS;

(c) LEAD THE DEVELOPMENT OF AGE-FRIENDLY, LIVABLE COMMUNITIES; AND

(d) ALIGN THE STATE DEPARTMENT'S POLICY DEVELOPMENT AND IMPLEMENTATION THROUGH A DEMOGRAPHIC LENS THAT SUPPORTS AGING ACROSS AN INDIVIDUAL'S LIFE.

(2) PURSUANT TO SECTION 26-11-203 (1)(k), THE STATE OFFICE SHALL CONVENE THE TECHNICAL ADVISORY COMMITTEE NO LATER THAN SEPTEMBER 1, 2022, AND MEET AT LEAST QUARTERLY. THE DUTIES OF THE TECHNICAL ADVISORY COMMITTEE INCLUDE, BUT ARE NOT LIMITED TO:

(a) IDENTIFYING STATE DEPARTMENT PRIORITIES THAT OVERLAP WITH THE GOALS AND STRATEGIES PROVIDED IN THE STRATEGIC ACTION PLAN ON AGING AND RECOMMENDATIONS THE COMMISSION MAKES AS SET FORTH IN SECTION 26-11-105;

(b) COORDINATING WITH RESPECTIVE STATE AGENCIES AND STAKEHOLDERS TO INITIATE POLICY DEVELOPMENT AND IMPLEMENTATION OF APPROPRIATE STRATEGIES;

(c) DEVELOPING TRACKABLE GOALS AND METRICS FOR STRATEGIES AND PROGRAMS AND REPORTING ON PROGRESS, WHICH MUST BE MADE PUBLICLY AVAILABLE PURSUANT TO SECTION 26-11-203 (1)(l); AND

(d) SUPPORTING THE STATE OFFICE AND COMMISSION WITH REPORTING REQUIREMENTS AND TRACKING IMPLEMENTATION AND PROGRESS OF THE GOALS AND STRATEGIES PROVIDED IN THE STRATEGIC ACTION PLAN ON AGING AND RECOMMENDATIONS THE COMMISSION MAKES AS SET FORTH IN SECTION 26-11-105.

(3) THE TECHNICAL ADVISORY COMMITTEE, IN COORDINATION WITH RESPECTIVE STATE AGENCIES AND THE COMMISSION, SHALL IDENTIFY APPROPRIATE POLICY STAFF WITHIN THE GOVERNOR'S OFFICE FOR ONGOING COORDINATION AND REPORTING NEEDS.

(4) THE STATE OFFICE, IN COLLABORATION WITH THE COMMISSION AND TECHNICAL ADVISORY COMMITTEE, SHALL COORDINATE WITH THE STATE DEPARTMENT TO INCLUDE IN ITS REPORT TO THE COMMITTEES OF REFERENCE, PURSUANT TO THE "SMART MEASUREMENT FOR ACCOUNTABLE,

PAGE 18-HOUSE BILL 22-1035

RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT" HEARING REQUIRED BY SECTION 2-7-203, INFORMATION FROM THE STATE OFFICE REGARDING THE PROGRESS AND BARRIERS SPECIFIC TO THE IMPLEMENTATION OF THE STRATEGIC ACTION PLAN ON AGING.

(5) THE STATE OFFICE; THE TECHNICAL ADVISORY COMMITTEE; THE EXECUTIVE COMMITTEE; AND THE STATE DEPARTMENT LIAISON APPOINTED PURSUANT TO SECTION 26-11-104 SHALL MEET QUARTERLY TO ENSURE THAT THE PERSPECTIVES OF OLDER COLORADANS AND THE STATE'S PERSPECTIVE REMAIN ALIGNED TO COORDINATE PROGRESS IN THE DEVELOPMENT OF STATE PROGRAMS AND POLICY.

SECTION 9. In Colorado Revised Statutes, 26-11-205, **amend** (1) introductory portion as follows:

26-11-205. Area agency on aging advisory council. (1) Each area agency on aging, designated pursuant to section 26-11-203, ~~(1)(h)~~; shall designate an advisory council consisting of a representative body of laypersons and service providers ~~which~~ WHO represent the interests of older persons within the planning and service area. ~~Said~~ THE advisory council shall:

SECTION 10. In Colorado Revised Statutes, 26-11-205.7, **amend** (2) as follows:

26-11-205.7. Community long-term care study - older Coloradans study cash fund - strategic plan - authority to implement. (2) If the study conducted pursuant to ~~paragraph (a) of subsection (1)~~ SUBSECTION (1)(a) of this section concludes that increasing funding for community-based services as provided in the older Coloradans program would result in cost savings, by July 1, 2011, subject to the receipt of sufficient ~~moneys~~ MONEY pursuant to ~~paragraph (b) of subsection (1)~~ SUBSECTION (1)(b) of this section, the state department shall report to the members of the health and human services committees of the senate and house of representatives, or any successor committees, and to the members of the joint budget committee a long-term strategic implementation plan, developed in cooperation with the area agencies on aging designated pursuant to section 26-11-203, ~~(1)(h)~~; that identifies the expected needs for services and recommends potential funding sources.

SECTION 11. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.



Alec Garnett
SPEAKER OF THE HOUSE
OF REPRESENTATIVES



Steve Fenberg
PRESIDENT OF
THE SENATE

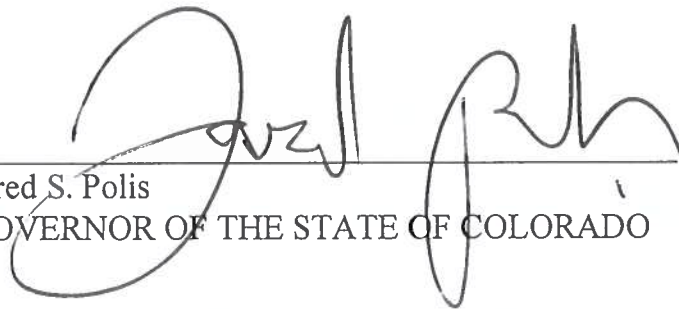


Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES




Cindi L. Markwell
SECRETARY OF
THE SENATE

APPROVED March 24, 2022 at 4:21pm
(Date and Time)



Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO





Appendix E: Master Plan on Aging Equity Tool



Strategic Action Planning Group on Aging

Equity Tool

This tool has been derived from the [California Master Plan on Aging \(MPA\) Equity Work Group Equity Tool](#). The Principles and Questions have been adopted in their entirety. Slight modifications have been made to the definitions provided in the California MPA Equity Tool. We credit the MPA Equity Group with the concepts and thoughts to create the initial document and their willingness to allow us to copy their work for use in Colorado.

Background:

The Strategic Action Planning Group on Aging (SAPGA) was created by HB15-1033 with a goal to look at the changing demographics of an increasing number of older adults and offer recommendations to ensure the state, communities, and individuals are better prepared to capitalize on the opportunities and prepare for the challenges that result. SAPGA has created four plans (2016, 2018, 2019, and 2020) and will have a summary report for 2021 in early 2022.

In 2021 SAPGA formed the Disparities Task Force (DTF) to examine issues of intersectionality, given the growing diversity of Colorado's aging population including race and ethnicity, disability, geography, income, immigration status, language, religion/faith, sex, gender identity, sexual orientation, and family status. This examination has culminated in the DTF offering specific recommendations for the Planning Group's consideration. The DTF proposes that the SAPGA adopt the principles, questions, and glossary of terms below to help committee members and the full SAPGA membership review SAPGA recommendations and deliverables through an equity lens.

“The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances.”

— Paula Dressel, *Race Matters Institute*

Equity Principles:

Equity is a goal that can be reached through a pathway of equality. As members of SAPGA, our principles are seen through an equity lens. An equity lens requires framing and developing strategies to equalize

resources and opportunities as a further step toward justice. These principles include, but are not limited to, the following:

- Equity must be embedded in decision-making during the formation stages of any recommendation.
- The strengths and assets of each community must be highlighted and used to help us to move in culturally appropriate and inclusive ways.
- Systemic racism can only be eliminated through systemic solutions. These pandemics only heightened and unveiled existing disparities; they did not create them.
- Recommendations must be very specific and explicit about the communities they are attempting to address. “Communities of color” or generic “diversity” language weakens and takes power away from the recommendation and the groups we aim to serve. When possible, to be explicit in terminology provides power to the group that has been systemically underrepresented or misrepresented.
- Recommendations should not unintentionally further exacerbate inequities experienced by some communities.
- There is intersectionality between race, class, gender, age, and sexual orientation. Therefore, recommendations should be guided by the principle that the SAPGA recommendations are for all Coloradans throughout their lifespan, with particular emphasis in creating systems that are supportive and inclusive of people of all races, classes, genders, ages, and sexual orientations.
- Systemic racism, ageism, able-ism, and sexism can only be eliminated through systemic solutions. SAPGA should strive to transform the systems that impact the lives of those affected by systemic and institutionalized discrimination and who, therefore, have experienced profound and adverse impacts during COVID-19 and their lifetimes, and especially as older adults.

Guiding Questions:

We offer the following guiding questions in making recommendations for the SAPGA.

1. What needs, gaps, and/or organizational barriers are you addressing to further diversity, equity, and inclusion in your recommendations?
2. How were the basic needs, gaps, and/or organizational barriers to equity determined when designing the recommendations? (i.e., primary research, secondary research, key informant interviews, subject matter expertise).
 - a. Who was involved in determining the recommendations? Were stakeholder groups with membership directly impacted by the policy included?
 - b. If so, which ones engaged and how did you ensure that their recommendations/considerations were included in your recommendations?

3. Do the resulting recommendations consider the cultures and languages of impacted communities? For example, in determining those needs, was key information (access to services, forms, teaching materials, social media, phone lines) collected directly from the communities and made available in-language and in-culture?
4. How do the data/research inform or support the recommendations, statements, strategies, or conclusions? Did you refer to research conducted in a way that was/is inclusive and reflective of the demographic and cultural makeup of Colorado?
5. How do the resulting recommendations build on the strengths and assets of the impacted communities?
6. Do the proposed recommendations consider impacts on, and the rights of, people with disabilities? Please refer to the [Olmstead Act](#) for guidance.

SAPGA Equity Glossary of Terms

Ableism: Ableism is oppression, disqualification, discrimination, and injustice targeting people with disabilities based on a belief in the superiority and privilege of ability.

Ageism: Ageism is stereotyping and/or discrimination against individuals or groups on the bases of their age. It can apply to any age group or generation. This may be casual or systematic. Robert Neil Butler's definition was modified to include all ages and generations to reflect current realities.

Bias is a predisposition to see events, people or items in a positive or negative way. It is an attitude or belief.

- **Unconscious/Implicit Bias** refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Implicit biases are activated involuntarily and without an individual's awareness or intentional control. Implicit biases are pervasive. Everyone possesses them, even those with avowed commitments to impartiality. (Adapted from [Cook Ross](#)).

BIPOC is an acronym that stands for Black, Indigenous, and People of Color (see definition of People of Color below). BIPOC is meant to emphasize the hardships faced by Black and Indigenous people in the US and Canada—especially because Indigenous people are often forgotten in social justice causes and that anti-Black racism is particularly virulent.

Cultural Competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from [Cross, 1989](#)).

Note: Some people or organizations prefer using the terms Cultural Responsiveness, Cultural Appropriateness, and/or Cultural Humility.

Disability: A physical or mental impairment that limits one or more major life activities.

Discrimination: the unequal or unfair treatment of a person based upon one or more personal characteristics including, but not limited to: race, gender, sexual orientation, gender identification, nationality, ability, age.

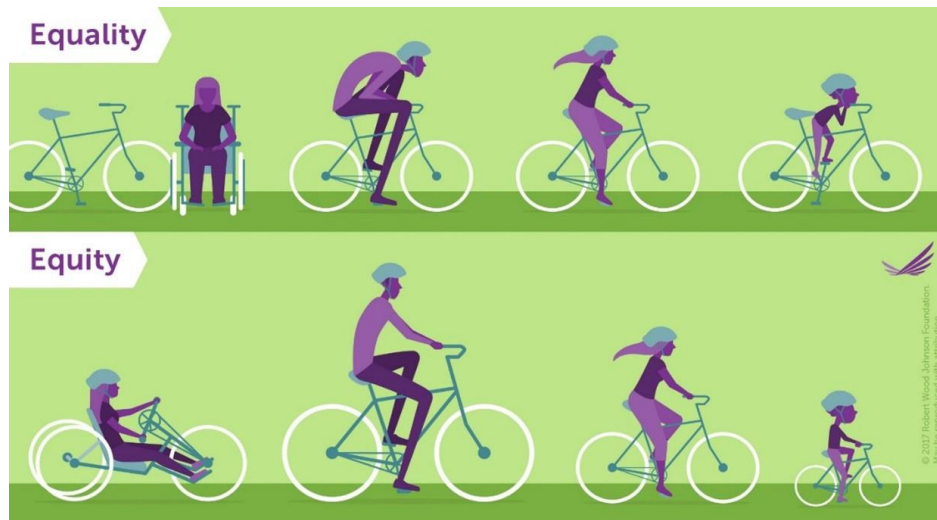
Disparity is a lack of similarity or equality; inequality; difference: a **disparity** in age; **disparity** in rank. ([Dictionary.com](#))

- **Health Disparity:** A "**health disparity**" refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another. ([Kaiser Family Foundation](#))
- **Health Care Disparity:** A "**health care disparity**" typically refers to differences between groups in **health** insurance coverage, access to and use of care, and quality of care. ([Kaiser Family Foundation](#))

Diversity is the condition of having or being composed of differing elements, especially the inclusion of different types of people (such as people of different races or cultures) in a group or organization. ([Merriam-Webster](#))

Equality refers to equal opportunity and the same levels of support for all segments of society. Equity goes a step further offering varying levels of support depending upon need to achieve greater fairness of outcomes. ([Diffen.com](#))

Equity is an approach that ensures everyone has access to the same opportunities. Equity recognizes that advantages and barriers exist, and that, as a result, we do not all start from the same place. Equity is a process that begins by acknowledging that unequal starting place and makes a commitment to correct and address the imbalance. ([General Assembly](#))



Source: [Robert Wood Johnson Foundation](#)

- **Health Equity** means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, personal biases and their cause: systemic racism resulting in lack of access to good jobs, quality education and housing, safe environments, transportation, and quality health care insurance. (modified RWJ) “Health Equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” ([Robert Wood Johnson Foundation](#))

Eugenics: English statistician Francis Galton developed the word “eugenics” in 1883 to describe improving talities of the human population by discouraging reproduction of persons with presumed genetic defects or inheritable undesirable traits (negative eugenics) through methods like coerced sterilization or encouraging reproduction by persons presumed to have inheritable desirable traits (positive eugenics). Negative eugenics also involves the identification of intersectional, socially constructed moral, physical or mental defects targeted for erasure. ([Dictionary.com](#) & [Merriam-Webster Dictionary](#))

Inclusion is about folks with different identities feeling and/or being valued, leveraged, and welcomed within a given setting (e.g., your team, workplace, or industry). “Diversity is being asked to the party. Inclusion is being asked to dance.” ([General Assembly](#))

Intersectionality: The interconnected nature of social categorizations such as race, class, age, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. Coined by Kimberle Crenshaw, in 1989, to explain the interplay of inequities, sitting at the intersections of race and gender. Black women were too Black to be female and too female to be Black.

LGBTQ+: Acronym for lesbian, gay, bisexual, transgender, queer, and other gender and sexual identities and orientations. Sometimes, when the Q is seen at the end of LGBT, it can also mean questioning. LGBT and/or GLBT are also often used. The term “gay community” should be avoided, as it does not accurately reflect the diversity of the community. Rather, LGBTQ community is preferred. ([GLAAD’s LGBTQ Media Reference Guide](#))

Lifespan: The duration of existence of an individual. ([Merriam-Webster](#)).

Limited English Proficiency (LEP) is a term used in the United States that refers to a person who is not fluent in the English language, often because it is not their native language.

Nativism: Discrimination based on one’s country of origin. This includes a wide range of immigrants from various parts of the world including Syria, Iraq, Afghanistan, Iran, Armenia, Somalia and countries from the Pacific Rim-- Mainland China, Taiwan, South Korea, The Pacific Island (Guam, Samoa) and of course Hispanics from throughout Mexico, Central American and South America. Nativism is like “Racism” given it involves discriminating against individuals that are considered different. However, “Racism” is focused on Race (not ethnicity or country of origin) and is generally viewed in the public narrative as a “Black/White” dichotomy which tends to overlook those from other parts of the world. And in this case, Hispanic is not a “RACE” but an ethnic group.

People of Color: The term is used generally to describe a person whose skin pigmentation is other than and especially darker than what is considered characteristic of people typically defined as white (Websters). People of color include (but are not limited to) African Americans, Asian Americans, Native Americans, Pacific Islander Americans, multiracial Americans, and Latino Americans,

Racism (implied): Racism is different from racial prejudice, hatred, or discrimination. Racism is one group having the power to carry out systematic discrimination through the institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices. (b) Racism is a system of beliefs and practices that serves to reinforce the power and well-being of whites at the expenses of African American, Native American, Latinx, Asians and all people of color. (c) Racism is a system of structuring opportunity and assigning value based on race that unfairly disadvantages the protected class.

- **Institutional/Systemic Racism:** Discriminatory policies and practices favorable to a dominant group and unfavorable to another group that are systematically embedded in the existing structure of society in the form of norms.
- **Historical Racism:** State sponsored discrimination against Black/ African American people after the Reconstruction period. Jim Crow laws were state and local laws enforcing racial segregation. These laws were enacted and enforced between 1876-1965 and included redlining and housing covenants. The impacts of these laws and ongoing discrimination continue to have economic, political,

and educational impacts on Black/ African American people.

Redlining: A discriminatory practice of denying services (typically financial) to residents of certain areas based on their race or ethnicity ([Investopedia](#)).

A nationwide system of federal, state, and local policies and private practices originating in the 1930's that mandated segregation and restricted locations where Black people could live and own property. Provisions explicitly prohibited selling homes in federally subsidized suburban communities to Black individuals, who were also refused mortgages and home insurance, charged high rates, and pushed into urban housing projects excluded from economic opportunity. The effects of these policies remain today. (See [The Color of Law: A Forgotten History of How Our Government Segregated America](#), Rothstein, Richard.)

Xenophobia: Relevant to nativism; a “fear of foreigners” and those not part of the dominant group in a particular location.



SAPGA-RP-22FINAL-22-10-19-v1

Contact info

172 2022 Strategic Action Plan on Aging and Final Report | @state.co.us



Strategic Action
Planning Group on Aging